SOUTH AFRICAN INDEPENDENT FINANCIAL ADVISORS ASSOCIATION

IRO MULTIPLE INDIVIDUAL CORPORATE MEMBERSHIP FORM

Member eligibility requirements – Any Independent Financial Advisor working for an Independently Owned Category One FSP (Financial Services Provider) qualifies for membership of SAIFAA. An Independently owned FSP is in charge of its own destiny and free to structure its business for the benefit of its clients.

Title:

First & Call Names:

Initials:

Surname:

SA ID Number:

Year you joined industry:

Metro/City/Town/Province:

Highest Qualification Obtained:

Institution:

FPI, FIA, Masthead, SAIA & Other:

Number(s):

CFP Y/N:

Email(s):

Assistant's Email:

Assistant's Name:

Number of staff members:

Cellphone Number:

Office Number:

Assistant's Cellphone Number:

Postal Address:

Physical Practice Address:

FSP Practice Name:

FSP Number:

Name of your current compliance officer/practice (Moonstone, Masthead etc):

Business structure (Pty, CC, Sole Prop, Trust):

Number of advisors:

How best would you describe your Practice?

- [ ] Generalist (Risk & Retirement Planning)
- [ ] Mainly Investment Focussed
- [ ] Estate Planning Specialist Services
- [ ] Employee Benefits Specialist

Other:

Client Relationship Management:

- [ ] CRM
- [ ] FNA
- [ ] Risk Profiling & Strategic Asset Allocation (SAA) Systems (Eg: AIMS, XPlan, MiPlan, Elite Wealth, Glacier ICE Toolbox, Pfirestorm)

Strictly Private & Confidential Practice Information

SAIFAA is requesting your Practice Confidential Information that will enable the Exco to plan how best we can plan conferences, forums, enhanced qualifications and workshops towards assisting and representing our membership.

Number of Individual Clients:

Number of Business Owning Clients:

Number of Professional Practice Owning Clients:

Total Individual Client AUM - Approximate Total Value (R/A's, ILLAS, Preservation Funds, Unit Trusts, Offshore Investments & other discretionary investments):

R

Employee Benefits: Number of Pension/Provident Funds for which you are the appointed consultant:

Approximate Funds Asset Value:

R

Number Group Risk Schemes:

PI Cover Insurer:

PI Cover Underwriter:

PI Cover Broker:

Approximate Funds Asset Value:

R

Annual Premium:

R

Membership Declaration & Agreement

I hereby apply for membership of The South African Independent Financial Advisors Association (SAIFAA) and confirm that I qualify for membership based on my status as Independent Financial Advisor. I agree that I will abide by the rules of the organisation as communicated and will uphold the highest ethical standards to ensure the best possible outcome for my clients based on my independent advice. I agree to pay the annual membership fee with this application and as it becomes due in future. My membership will automatically renew annually. I understand and agree that to become a member, it entitles the right of the use of the logo and mark SAIFAA (the marks) and is valid for a period of one year and renewable on an annual membership basis thereafter. At the end of such period, if membership of SAIFAA is not renewed, any right to the use of the logo and mark SAIFAA (the marks) terminates at that time. I further understand and agree to cease all use of the marks immediately upon the termination of such Membership, I understand that the right to use the marks is subject to payment of an annual membership fee. I agree to my good faith undertaking and commitment on joining SAIFAA and to adhere to the SAIFAA Vision, Mission, Compliance, Knowledge, and Due Diligence Objectives. I agree that I will participate in all the elements of the programme to the best of my ability that includes sharing my experiences and knowledge with my fellow members. I indemnify SAIFAA against any claims, damages or losses that may arise as a result of using the answers provided within the SAIFAA Due Diligence Tool as well as any failure to carry out an appropriate due diligence on any product suppliers or any other counterparty that they use as part of their individual FAIS Act responsibilities and that this disclaimer includes the use of the SAIFAA Due Diligence Tool Questions and the Answers provided by Product and Service Providers. All Personal and Member Practice information will be kept in the strictest confidence, not shared with external parties and only be accessible to the Membership Committee, Chairman and CEO Founder. Membership Data will be used by the Exco of SAIFAA to assist with the planning of “value-added” programs that will enhance the Voice of SAIFAA with the Public, the Regulators, the Industry and the Media. Members Names, Qualifications, Region of Practice Office and limited Contact Details will be published within the SAIFAA Website.

Signed on this _____day of: _____201_ at: _____

Signature of Applicant: _____