



## APPLICATION FOR ADVISER MEMBERSHIP OF THE SOUTH AFRICAN HOME EQUITY RELEASE PROTECTION ASSOCIATION

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Please complete this form and fax it (with supporting documentation) to:

Mr Paul Rosenbrock  
SAHERPA  
021 592 1284

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### Applicant Details

Name of organisation / individual: \_\_\_\_\_

Trading name (if not the same as above): \_\_\_\_\_

Registration / identity number: \_\_\_\_\_

Financial Services Provider licence number: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Physical address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Designation of contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Applicant Declarations

Is the Applicant is an Authorised Financial Services Provider?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you attached a copy of the Authorised Financial Services Provider license, issued by the Financial Services Board, to this form?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are all of the individuals that represent the Applicant in the distribution of home equity release products at least "Fit and Proper" per the requirements of the Financial Advisory and Intermediary Services Act?	<input type="checkbox"/> Y	<input type="checkbox"/> N

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**Applicant Declarations (continued)**

Have all of the individuals that represent the Applicant in the distribution of home equity release products been individually accredited by the credit provider that offers the home equity release products in question?

☐ Y☐ N

Does the Applicant and all of the individuals that represent the Applicant in the distribution of home equity release products agree to abide by SAHERPA's Code of Conduct, as it has application to them?

☐ Y☐ N

Is the Applicant and all of the individuals that represent the Applicant in the distribution of home equity release products independent of the credit provider that offers the home equity release products in question?

☐ Y☐ N

Does the Applicant and all of the individuals that represent the Applicant in the distribution of home equity release products confirm that it will only distribute home equity release products that have been approved by SAHERPA, as offered by accredited Supplier Members of SAHERPA?

☐ Y☐ N

In the event of the Applicant having answered no (viz. "N") to any of the above questions, further details should please be provided below:

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Please provide details of all home equity release products that the Applicant (and its designated representatives) are already accredited to distribute:

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**Authorisation & Acknowledgement**

The person representing the above-named Applicant for Adviser Membership of SAHERPA warrants and confirms that he / she is duly authorised to apply for such membership on behalf of the Applicant, and that, in the course of doing so, has familiarised himself / herself with the basis of operation and all requirements associated with Adviser Membership of SAHERPA as detailed on SAHERPA's website ([www.saherpa.org.za](http://www.saherpa.org.za)). It is also confirmed and warranted that all information provided in this document is true and correct, and that any material change in the information provided herein will be provided to SAHERPA forthwith upon it changing, as such a change could have a material effect on the Applicant's continued membership of SAHERPA. The Applicant acknowledges that SAHERPA will assess this application for Adviser Membership in its sole and absolute discretion, and notes that SAHERPA can and will stipulate all supporting documentation and other associated information that should be supplied to SAHERPA in order for this application to be considered. The fact that an application is being made in no way guarantees approval of this application.

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**SIGNATURE**

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**NAME**

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**DATE**

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