



Clientèle

LIFE

PERSONAL SERVICE PROVIDERS (PSP) QUESTIONNAIRE

For the Intermediary and/or Service Provider

1 Is the Intermediary/Service Provider a sole proprietorship or partnership? Yes No

(If YES, the Intermediary/Service Provider CANNOT be a PSP, no further questions need to be answered in this section.)

(If NO, please continue to answer Question 2.)

2 Does anyone who is a connected person* to the Intermediary/Service Provider personally sell products on behalf of the Intermediary/Service Provider for a financial institution (client)? Yes No

(If YES, please continue to answer Question 3)

* A connected person to a company is a person who holds at least 20% of the brokerage's equity share capital or voting rights. If a person, together with any connected person to himself/herself (e.g. any relative), holds at least 20% of the brokerage's equity share capital or voting rights, they will also be a connected person to that brokerage.

* A connected person to a close corporation is any member of that CC or any relative of that member.

* A connected person to a trust is a beneficiary of that trust, or relatives of that beneficiary.

NOTE: A relative in relation to any person means the spouse of that person and any of their children, grandchildren, parents, grandparents, uncles, aunts and cousins, or any spouse of anybody so related.

If NO, the Intermediary/Service Provider is NOT a PSP, please complete the affidavit listed as Annexure B.

3 Does the Intermediary/Service Provider derive, or is it likely to derive, more than 80% of its annual income from one institution (client) only? Yes No

(If YES, please continue to answer Question 3.)

(If NO, the Intermediary/Service Provider is NOT a PSP, please complete the affidavit listed as Annexure B.)

4 Does the Intermediary/Service Provider employ, and will continue to employ, three (3) or more full time employees who are not shareholders or members/directors of the Intermediary? Yes No

(If YES, the Intermediary/Service Provider is NOT a PSP, please complete the affidavit listed as Annexure B.)

(If NO, the Intermediary/Service Provider might be a PSP. Clientèle Life will contact you in this regard.)

Annexure **B**
AFFIDAVIT

I, the undersigned:

Name Surname

do hereby make oath and state that: I am an adult (male/female) and hold the position of

Company Name Registration Number

Sole Proprietor Company (PTY) Ltd Company (Ltd) Closed Corporation Partnership Trust

1. I am authorised to make this affidavit on behalf of the Intermediary.
2. The facts deposed to herein fall within my personal knowledge and are to the best of my knowledge and belief, true and correct.
3. I have considered the status of the Intermediary and confirm that it does not comprise a personal service provider as defined in the Income Tax Act 58 of 1962 for the current year of assessment.
4. I specifically confirm one or both of the following:
 - 5.1 that not more than 80 per cent of the income of the Intermediary during any year of assessment, derived from services rendered, consisted of (or is likely to consist of) amounts received directly or indirectly from any one financial institution (client), or any associated institution as defined in the Income Tax Act, in relation to that client, OR.
 - 5.2 The Intermediary has, and will, throughout the current year of assessment, employ at least three full time employees who are not shareholders or members/directors of the Intermediary.
5. I have truthfully completed the attached questionnaire contained in the Intermediary Application form (of which this affidavit forms part of) and confirm that the information provided to Clientèle Life Assurance Company Limited, Clientèle General Insurance Company Limited and any associated institutions (hereinafter referred to as Clientèle) in attached questionnaire contained in the Intermediary Application form (of which this affidavit forms part of) is a true record of the Intermediary's personal service provider status.
6. I undertake to inform Clientèle of any changes to the Intermediary's status that may cause it to fall within the definition of personal service provider within 30 days after the change in status has occurred.

Signed at Date Signature _____

In my capacity as For

I hereby certify that the deponent has declared that he/she knows and understands the contents of this affidavit, he/she has no objection to taking the prescribed oath and he/she considers the prescribed oath to be binding on his/her conscience. The deponent has uttered the words "I swear that the contents of this declaration are true, so help me God".

The deponent acknowledges that to the best of his/her knowledge and belief it is the truth, which affidavit has been signed and sworn to before me at

Date

and that the provisions and regulations as contained in Government Notice R1257 of 31st July 1972, as amended, have accordingly been complied with.

Commissioner of Oaths

Name Registered Address
Surname
Tel number Suburb
Title/Office held City/Town
Postal Code