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| **NOTIFICATION FORM NSO001**  **NOTIFICATION OF NON-COMPLIANCE OR CHANGE IN THE FITNESS AND PROPRIETY STATUS OF A SIGNIFICANT OWNER** |

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| **Purpose of this document**  This notification form needs to be completed when notifying the Prudential Authority within 30 days of becoming aware of non-compliance or a change in the fitness and propriety status of a Significant Owner as required in terms of the Joint Standard 1 of 2020: Fitness, Propriety and other matters related to Significant Owners.  NB: The format of this form and wording of the questions may not be changed or reproduced. |

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| **Submission process**  If the Significant Owner is making a notification through the respective financial institution, the notification must be submitted via PA.Notifications@resbank.co.za  If the Significant Owner is submitting independently, the following process applies:   * The significant owner needs to submit the application to one of the following mailboxes depending on the institution type they are a significant owner of:   + Insurance.NewLicence@resbank.co.za   + MutualBank.NewLicence@resbank.co.za   + Banking.NewLicence@resbank.co.za * Each significant owner needs to create a dedicated generic mailbox for sending documents to the PA on its respective organisation’s domain. The suggested naming convention for the mailbox should be PA.Apps@domain.co.za. Alternately, should your organisation not have a domain and uses services such as gmail, yahoo etc, the suggested name for the mailbox should be PA.Apps.Institutionname@gmail.co.za. * Each significant owner will receive, from the PA, a ‘reset password’ request for the secure email facility to select own passwords. * Should you experience challenges in resetting the password or when sending emails using the secure email facility, please contact the PA by sending an email to the South African Reserve Bank’s (SARB) service desk at [BSTD-ICT-ServiceDesk@resbank.co.za](mailto:BSTD-ICT-ServiceDesk@resbank.co.za), together with screen shots of the errors. Alternatively, please contact the SARB service desk at +2712 313 3456. * Once the mailbox has been created all future communications regarding the existing applications and any future correspondence will be done using this mailbox. |

1. **Company information** 
   1. **Does this notification relate to a/ an:**

**Insurer[[1]](#footnote-1)**

**Bank**

**Mutual Bank**

* 1. **Provide the following additional details for this notification**

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| --- | --- |
| **Financial Institution name:** |  |
| **Registration number:** |  |
| **Other registration numbers e.g. NCR, FSP, etc.:** |  |
| **Physical address:** |  |
| **Postal address:** |  |

1. **Contact and Basic Information**
   1. **Contact details of the person for correspondence related to this form**

* + 1. If the Significant Owner is making this notification independently, please provide the details of a contact person working for the Significant Owner. This person cannot be a professional advisor. (If this section has been completed, complete 2.1.2):

|  |  |
| --- | --- |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Name of entity** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* + 1. Is the relevant financial institution aware of this notification?

**No** 🡺 Continue to section 2.2

**Yes** 🡺 Complete the remainder of this section

Provide the name and contact details of the person at the financial institution the Significant Owner has liaised with in terms of the notification:

|  |  |
| --- | --- |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* + 1. If the respective financial institution is making the notification on behalf of the Significant Owner, please provide the details of a contact person working for the financial institution. This person cannot be a professional advisor:

|  |  |
| --- | --- |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. **Details of professional advisors**
     1. Have you used third-party professional advisors to assist with completing this form?

**No** 🡺 Continue to section 2.3

**Yes** 🡺 Complete the remainder of this section

* + 1. Provide the name and contact details of the third-party professional advisor(s) used (i.e. the consultants, auditors, actuaries and/or lawyers used in compiling this form). If more, than one professional advisor(s) was consulted, such information should be included in an attachment accompanying this form:

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| --- | --- |
| **Name of firm** |  |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. **Other information**

#### Is there any additional information that is not requested elsewhere in this form that is relevant for the Prudential Authority to assess this form?

**No** 🡺 Continue to section 3

**Yes** 🡺 Complete question 2.3.2

#### Provide a summary or list of the additional information, including the reasons for providing this additional information and attach to this form.

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## Specific Information

* 1. Specification of Significant Owner

#### The applicant is a:

**Natural person**

**Juristic person**

#### If the applicant is a juristic person, this application relates to a/an:

**Company**

**Trust**

**Organ of state**

**Other: Specify**

* 1. To be completed if notification is done by the Significant Owner where there is a change in fitness and propriety status or non-compliance by the Significant Owner
     1. Provide details of the change in fitness and propriety requirements or provide details of non-compliance by the Significant Owner to the joint standard.

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* + 1. Who/what is believed to have caused the change in fitness and propriety status or non-compliance?

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* + 1. When did the Significant Owner become aware of the change in fitness and propriety or non-compliance?

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* + 1. Provide details of actions taken or proposed action, following the change in fitness and propriety status or non-compliance.

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* + 1. Provide the latest fitness and propriety assessment of the proposed Significant Owner, in respect of whom this submission is made, in the Word template accompanying this form ([*TSO001 Fitness and Propriety Assessments for Significant Owners*](file:///C:\Users\P526347\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1KENWX2W\TSO001-%20Fitness%20and%20Propriety%20Assessments%20for%20Significant%20Owners%2011082020%20all%20input.docx)*)*.

#### Are any parts of the financial institution’s business believed to have been compromised as a result of the change referred to in question 3.2.1?

**No** 🡺 Continue to section 4

**Yes** 🡺 Continue to question 3.2.7

* + 1. What effect will the change in fitness and propriety status or non-compliance have on the safety and soundness of the financial institution and what controls have been put in place to mitigate this risk?

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* 1. To be completed if notification is done by the relevant financial institution where there is non-compliance by a Significant Owner
     1. Provide details of non-compliance by the Significant Owner to the joint standard.

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* + 1. Who/what is believed to have caused the change in non-compliance?

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* + 1. When did the financial institution become aware of the non-compliance?

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* + 1. Provide details of actions taken or proposed action, following the non-compliance.

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#### Are any parts of the financial institution’s business believed to have been compromised as a result of the non-compliance referred to in question 3.4.1?

**No** 🡺 Continue to section 4

**Yes** 🡺 Continue to question 3.4.6

* + 1. What effect will the non-compliance have on the safety and soundness of the financial institution and what controls have been put in place to mitigate this risk?

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1. **Attachment Checklist**
   1. **Compulsory attachments**

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 3.2.5 | Fitness and Propriety assessment |  |  |

* 1. **Other Attachments**

Please list any other attachments in the following table. These attachments may be necessary if there was insufficient space to include the information in this application form itself or if your responses in this application form refer to external documents. Each additional attachment should be listed in its own row.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 2.2.2 | Professional advisors |  |  |
| B2 | 2.3.2 | Other information |  |  |

1. **Consent and Declarations**

To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete. This may be verified and shared with other regulatory authorities.

### **Consent form**

I, duly authorised by the board of the directors of the financial institution or the Significant Owner, hereby:

1. Warrant, represent and/or undertake that the Prudential Authority has the consent required to, at any time process or use the data provided to the Prudential Authority to verify or confirm any information provided in and/or in support of this application with any third party;
2. Authorise any person referred to in paragraph 1 above to furnish information regarding this notification to the Prudential Authority and its duly authorised agent.
3. Unconditionally indemnify the Prudential Authority, its agent and any person/s against any liability that may result from furnishing information regarding this notification to the Prudential Authority.
4. Consent to the Prudential Authority sharing information provided in and / or in support of this with a financial sector regulator (as defined in the Act) and/or the South African Reserve Bank.

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position and organisation** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

**Declaration by Significant Owner (where the Significant Owner is a natural person)**

I confirm that:

1. To the best of my knowledge and belief, the information in this notification and attached documents is complete, accurate and not misleading in any way.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

**Declaration by person submitting the form (if applicable)**

I confirm that:

1. I am duly authorised to make this notification on behalf of the Significant Owner.
2. To the best of my knowledge and belief, the information in this form and attached documents is complete, accurate and not misleading in any way.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position and organisation** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

**Declaration by member of Board of Directors** of the financial institution **(if applicable)**

1. I, a member of the board of directors of the financial institution and duly authorised by the board of directors, confirm that the board of directors is aware of this notification and is in support thereof.
2. I further confirm that the board of directors of the financial institution is satisfied that the roles and responsibilities of the board of directors provided for in all applicable legislation have been met in as far as these relate to this notification, and that this notification is consistent with the governance framework of the financial institution.

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position and organisation** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

**DECLARATION**

I [Name of applicant] or [duly authorized representative of the applicant], hereby declare the following:

1. This application consists of [number]pages. The content of this application is true to the best of my knowledge and belief.
2. I know and understand the content of this application. I [have\*/ do not have\*][[2]](#footnote-2) objections to taking the prescribed oath/affirmation.
3. I consider the prescribed oath/affirmation to be [binding\*/ not binding\*] on my conscience.

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| **Signature of the deponent** |  |
| **Date of signature** | YYYYMMDD |

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the content of this statement. This statement was sworn to/affirmed before me and the deponent’s signature was placed thereon in my presence at [place] on this [DD] day of [MM/YYYY].

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| **COMMISSIONER OF OATHS** |  |
| **FULL NAMES** |  |
| ***EX OFFICIO*** |  |
| **AREA** |  |
| **ADDRESS** |  |

1. Insurer means a person licensed to conduct insurance business under the Insurance Act, No. 18 of 2017 (Insurance Act), and includes, unless specifically otherwise provided for in the Insurance Act, Lloyd’s, a Lloyd’s underwriter and a reinsurer; [↑](#footnote-ref-1)
2. *\** *Delete whichever is not applicable* [↑](#footnote-ref-2)