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| **APPLICATION AND NOTIFICATION FORM SO003**  **APPLICATION/ NOTIFICATION TO CEASE TO BE A SIGNIFICANT OWNER** |

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| **Purpose of this document**  This form needs to be completed when applying to cease to be a Significant Owner for Systemically Important Financial Institutions (SIFIs) in terms of Section 158(3)(a) of the Financial Sector Regulation Act (Act No.9 of 2017) (FSR Act) or notifying to cease to be a Significant Owner for non-SIFIs in terms of Section 158(3)(b) of the FSR Act.  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 applying or making a notification through the respective financial institution, the application must be submitted via PA.applications@resbank.co.za or 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   + 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. **Is this submission an application or notification?**

**Application for SIFI only**

**Notification for non-SIFI only**

* 1. **This application relates to a/an**

**Insurer**

**Bank**

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

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| --- | --- |
| **Name of financial Institution:** |  |
| **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 applying independently, please provide the details of a contact person who is employed by the Significant Owner. **Note: This person cannot be a professional advisor.** (If this section has been completed, please also complete 2.1.2):

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

* + 1. Is the relevant financial institution aware of this application to cease to be a Significant Owner?

**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 significant ownership transaction:

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

* + 1. If the Significant Owner is applying through the respective financial institution, please provide the details of a contact person who is employed by 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

#### 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 completing 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 it to this form.

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## Specific information

* 1. Specification of Significant Owner

#### The Significant Owner is a:

**Natural person**

**Juristic person**

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

**Company**

**Trust**

**Organ of state**

**Other: Specify**

* 1. **Information on the person/ entity ceasing to be a Significant Owner** 
     1. Identify the type of significant ownership that you currently have in the financial institution to which this application relates. (Attach an organogram fully illustrating the significant ownership structure):

To directly or indirectly, alone or together with a related or inter-related person, have the power to appoint 15% of the members of the governing body of the financial institution.

Your consent alone or together with a related or inter-related person, is required for the appointment of 15% of the members of a governing body of the financial institution.

To directly or indirectly, alone or together with a related or inter-related person, hold a qualifying stake in the financial institution.

None of the above. Specify:

* + 1. Provide reason(s) for ceasing to be a Significant Owner.

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* + 1. How will you ensure that the divestment occurs in a manner that will not affect the safety and soundness of the financial institution.

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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** |
| --- | --- | --- | --- | --- |
| A2 | 3.2.1 | Organogram |  |  |

* 1. **Other attachments**

Please list any other attachments in the table below. 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 a separate 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 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. c
3. authorise any person referred to in paragraph 1 above to furnish information regarding this application/notification to the Prudential Authority and its duly authorised agent;
4. unconditionally indemnify the Prudential Authority, its agent and any person/s against any liability that may result from furnishing information regarding this application/notification to the Prudential Authority; and
5. consent to the Prudential Authority sharing information provided in and / or in support of this application/notification with a financial sector regulator (as defined in the FSR Act) and/or the South African Reserve Bank.

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position and organisation** |  |
| **Signature** |  |
| **Date of signature** | YYYYMMDD |

**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 form and attached documents is complete, accurate and not misleading in any way.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYYMMDD |

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

I confirm that:

1. I am duly authorised to make the application or 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; and
3. I confirm that I have read Joint Standard 1 of 2020 - Fitness, propriety and other matters related to significant owners (Joint Standard) and to the best of my knowledge I am not aware of any reason that disqualifies the significant owner and/or has resulted in non-compliance with the Joint Standard or the FSR Act.

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position and organisation** |  |
| **Signature** |  |
| **Date of signature** | YYYYMMDD |

**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 institutionand duly authorised by the board of directors, confirm that the board of directors is aware of the application or notification and is in support thereof.
2. I further confirm that the board of directors of the financial institutionis 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 application or notification, and that this application or notification is consistent with the governance framework of the financial institution.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position and organisation** |  |
| **Signature** |  |
| **Date of signature** | YYYYMMDD |

**DECLARATION**

I [Name of applicant or duly authorised 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\*][[1]](#footnote-1) 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 [MMYYYY] .

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

1. *\* Delete whichever is not applicable* [↑](#footnote-ref-1)