The purpose hereof is to introduce myself, Janine Coetzer, **ID 730606 0172 081 as** a Key person and Representative of the FSP, and allow me to furnish you with prescribed information about myself and the FSP.

Business details	**License number:**	**26102**	**Legal Status**	
FSP name:	**Wonder years Consulting cc**			
Business Address:	**1 Hein Road, Albemarle, 1401**		Sole Proprietor	☐
			Partnership	☐
			Close Corp.	X
Postal Address:	**PO Box 7987, Albermarle,1410**		(PTY)LTD	☐
Tel. No:	**011 025 5602**	Fax No:	**0866 897 510**	
Cell phone No:	**084 288 2222**	Website:	**www.wonderyears.co.za**	
E-mail address:	**janinec@wonderyears.co.za**			
Qualifications & Experience:	**Credits/Qualification: 240credits &CFP & RE 1 & 5**			
	Industry Experience: Since 1992			

Compliance Officer		**Licensed Financial Services**		
Contact person:	**Leona Prinsloo**	Long-term insurance category A	X	X
Physical address:	**149 Kristal Ave Lyttelton Manor x3 Centurion 0157**	Long-term insurance category B	X	X
		Long-term insurance category C	X	X
		Short-term insurance personal lines	X	X
		Short-term ins. commercial lines	☐	☐
Postal address:	**As above**	Retail pension benefits	X	X
		Pension fund benefits	X	X
Cell. No:	**083 310 2563**	Securities/financial instruments	X	X
Fax. No:	**0880126646257**	Collective Investment Schemes	☐	☐
Compliance Practice	**CO 4920**	Health Service Benefits	☐	☐

Disclosure of statutory information:
The FSP accepts responsibility for its own actions as well as the actions of the representative while acting in the course and scope of her employment and authorization by the FSP. The representative is mandated to give advice and render intermediary services on all products categories listed above.
I have a personal interest in the Financial Services Provider. The FSP do not hold directly or indirectly more than 10 % interest in any of the product suppliers.
Insurers receiving more than 30 % of our business are: **Discovery Life Group Risk**
My fees are expressed as a consultancy fee and based on a percentage of payroll. All my fees are paid by relevant Product Providers. Any fees for additional services not mentioned in the Service Level Agreement will be discussed at the relevant time.

At this stage there have been no special exemptions granted to this FSP by the Registrar.
The FSP **does** hold professional indemnity cover **on behalf of all representatives**

I am accredited and have contracts to market the products of the following product suppliers:
Discovery Life
TSA
Old Mutual
Capital Alliance
Momentum
Sanlam
Hollard
GQM Fund Administrators
Lifesense Financial Services
Sygnia Management
Alexander Forbes
Liberty Life
Jigsaw Underwriting Managers

The FSP is a VAT vendor as from 1 April 2020, accordingly all fees from this date will include VAT

Any Conflict of Interest or Potential Conflict of Interest:

There is no conflict of interest of which I am currently aware of. However, should there ever arise any conflict between a client the FSP or a representative, it will immediately be disclosed to the relevant party. The FSP has a formal Conflict of Interest Policy which is available from the office should you wish to view it.

Complaints to be addressed to:

Particulars of FAIS Ombud: P O Box 35655, MENLO PARK, 0102 E-mail: info@faisombud.co.za Tel: 086 032 4766, Fax: (012) 348 3447	**Particulars of the Short-Term Ombudsman** POBox 32334, Braamfontein, 2017 E-Mail: info@osti.co.za Tel: (011) 726 8900 Fax: (011) 7265501

Please note that prior to lodging a complaint with the above authorities, you are first required to lodge a complaint with this FSP and only after confirmation by this FSP that they are unable to resolve the complaint may it be escalated to these authorities.

We have established a written internal complaint resolution system with detailed procedures. Access to the Complaints Procedures and a copy of the complaint resolution system is available to clients at this office each day during office hours. Should you have any complaint, this must be submitted to us in writing and must contain all relevant information. Copies of all relevant documentation must be attached thereto.

Responsibility for Correctness and Completeness of Information:

Please note that in respect of any application, proposal, order, instruction or other contractual information that is required to be completed for, or submitted to a product supplier by or on your behalf that relates to the purchase of or investment in any financial product, including any amendment thereof or variation thereto, all material facts must be accurately and properly disclosed, and the accuracy and completeness of all answers, statements or other information provided by you or on your behalf are your own responsibility;

If any person completes or submits any application, proposal, order, instruction or other contractual information that is required to be completed for, or submitted to, a product supplier by you or on your behalf that relates to the purchase of or investment in any financial product, including any amendment thereof or variation thereto on your behalf, you should be satisfied as to the accuracy and completeness of the details.

Any misrepresentation or non-disclosure of a material fact or the inclusion of incorrect information could result in the cancellation of the transaction or the non-payment of a benefit by the product supplier

Signing of Incomplete Documents:
You are hereby advised and cautioned that no person acting on behalf of the FSP may in the course of the rendering of a financial service, request you to sign any written or printed form or document prior to completion thereof.

Waiver of Rights:
No person may ask you or offer any inducement for you to waive any right or benefit conferred on you by or in terms of any provision of the General Code of Conduct of the FAIS Act, of which a copy is available on request.

Contact Details of Responsible Key Individual / Supervisor (if applicable):	
Name:	Janine Ann Coetzer
Position:	Member of CC and Key Person and Owner
Telephone Number:	011-025 5602
Mobile Number:	084 288 2222
E-mail Address:	janinec@wonderyears.co
Name of client:	
Signature of client:	