

COMPLIANCE RISK MANAGEMENT

Dear Valued Stakeholder

Apply for the opportunity in collaboration between Insurance Sector Education and Training Authority (INSETA) and the Holistic Compliance Management Solution and the. This opportunity is for registered FSPs whose core business falls within the INSETA scope and have submitted a WSP and ATR for the current financial year may apply.

Programme Outline: The programme is aimed at providing support to 180 Black Brokers with Compliance officer service for regulatory compliance reporting assistance and meeting regulatory requirements

Benefits:

- Understanding the risks in your business
- FSCA Compliance report
- FICA Risk Management
- Business Continuity
- Annual Financial Statements
- Continuous Professional Development (CPD)

Application submission and enquiries: info@holisticcompliance.co.za or contact Glenn on 082 728 2694

Programme duration: 1 day

Application Period: 1 March to 19 March 2021

Programme commencement: between March 2021 and April 2021

Who qualifies:

1. Small Micro Enterprises with total number of Employees (1-49)
2. Registered with the FSCA
3. SME required to submit a compliance report by the FSCA
4. Practices without a compliance officer

Support will only be limited to the SMEs in the Western Cape Area

Please complete the below Expression of Interest and submit to: info@holisticcompliance.co.za

PROGRAMME: COMPLIANCE RISK MANAGEMENT		
1. Only employees of companies whose core business falls within the INSETA scope and have submitted a WSP and ATR for the current financial year may apply. 2. Commitment to attend and complete the programme 3. Commitment to provide Holistic Management Solution with document as per INSETAs requirements		
DETAILS OF THE ORGANISATION CONTACT DETAILS AND NOMINATED PARTICIPANT		
ORGANISATION NAME:		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Rev <input type="checkbox"/> Name:		Surname:
Skills Development Levy Number:		FSP Number:
Tel (C): _____		
Province:	Municipality:	Postal Code:
Email Address:		

Protection of Personal Information (POPI) – Consent Form for Release of Information: By signing this agreement, I also consent to INSETA sharing my details with the Department of Higher Education, Science and Technology for reporting and statistical purposes as well as the use of the information for INSETA research purposes.

I, _____, hereby acknowledge that I have read, understood the INSETA Worker Programme Guidelines, Discretionary Grant, Monitoring and Evaluation Policies and Guidelines.

Employer Signature

Date