

COMPLIANCE RISK MANAGEMENT

Dear Valued Stakeholder

Apply for the opportunity to capacitate Black brokers in maintaining practice compliance. The program is run in collaboration with Holistic Compliance Management Solutions and the Insurance Sector Education and Training Authority (INSETA). 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.

Programme Outline: The programme is aimed at providing support to 170 Small Micro Enterprises (1-49 employees) without a Compliance officer service to maintain FSCA regulatory compliance Requests for information and avoid regulatory action for non-compliance

Benefits:

- FSCA Requests for Information update
- Record of Advice
- POPIA Registration and assessment implications
- FICA
- Business Continuity
- Annual Financial Statements and Liquidity of FSP
- Continuous Professional Development (CPD)

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

Programme duration: 3 Hours

Application Period: 17 Feb 2022 to 4 March 2022

Programme commencement: between 4 March 2022 and 31 May 2022

Who qualifies:

1. INSETA Small Micro Enterprises with total number of Employees (1-49)
2. Registered with the FSCA
3. Practices without a compliance officer

Support will only be limited to the SMEs

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 the workshop 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