

## FAIS Competency Register Software Application

FSP Name \_\_\_\_\_

FSP Number \_\_\_\_\_

Do you pay Skills Development Levies (SDL) to SARS

Yes

No

SDL number **L** \_\_\_\_\_

Total number of employees / users

(Including managers, key individuals, representatives and admin staff)

### Details of Applicant (CEO/Broker Principal/Authorised Individual)

Name \_\_\_\_\_

ID Number \_\_\_\_\_

Title/Position \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Applications are approved on a first come first served basis and are dependent on the availability of INSETA funding.*