

# Introduction Disclosure



## 1. FSP Information

**FSP Name:** LUCRATIVE EXCHANGE TY LTD  
**Physical Address:** 23 Korhaan Street, Roodepoort, 1724  
**Telephone no:** 0861 582 728 / 27 11 763 6553 / 27 11 763 5550  
**Email:** info@lucrative.co.za / clientservices@lucrative.co.za  
**FSP No:** 29252  
**Postal Address:** 23 Korhaan Street, Roodepoort, 1724  
**Fax:** 08653000 33  
**Website:** www.lucrative.co.za  
**Skype:** lucrative53

## 2. Key Individuals of FSP / Management / Representative

**Surname:** de Laroche Souvestre  
**Contact No:** 082 454 5353  
**Email address:** info@lucrative.co.za / clientservices@lucrative.co.za / fdelaroche@lucrative.co.za  
**Office:** 0861 lucrative / 27 (0)11763 6553 / 27 (0)11 763 5550 / 27 (0)11 7602643

**Name:** M.D. Françoise

**Status:**  
☒ Independent ☐ Under Supervision

**Status:**  
☒ Independent ☐ Under Supervision

**Status:**  
☒ Independent ☐ Under Supervision

**Supervisor:** n/a

**Supervisor:** n/a

**Supervisor:** n/a

We, Lucrative Exchange Pty Ltd (the FSP) certify that: the above mentioned are registered as a representative and have a service contract to represent the FSP. The FSP accepts responsibility for the activities that the abovementioned representatives perform within the scope of his/her service contract. The FSP is satisfied that the Representatives are competent to act when rendering financial services on behalf of the FSP, taking into consideration the personal character qualities of honesty and integrity, competence and operational ability, as defined in the Fit and Proper requirements of FAIS.

## 3. Compliance Officers

☐ Internal ☒ External

**Name & Surname:** Adriaan van Wyk  
**Contact No:** 072 351 1653  
**Email address:** adriaan@horizoncompliance.co.za  
**CO no:** 6517

**Name & Surname:** Charelle Engelbrecht  
**Contact No:** 072 564 9518  
**Email address:** charelle@horizoncompliance.co.za  
**CO no:** 7076

Under supervision of Adriaan van Wyk

**Company:** Horizon Compliance (Pty) Ltd  
**Approval No:** 6870

## 4. Authorisation to Provide Financial Services

The license authorises the licensee to carry on business as a financial services provider for:

☒ Advisory Services ☒ Intermediary Services

in respect of:

☒ Category I ☐ Category II ☐ Category III ☐ Category IV

for the following products:

☐ Long-Term Insurance Category A  
☐ Long-Term Insurance Category B1  
☐ Long-Term Insurance Category B2  
☐ Long-Term Insurance Category C  
☐ Short-Term Insurance: Personal Lines  
☐ Short-Term Insurance: Commercial Lines  
☐ Retail Pension Benefits

**Advice** **Intermediary**

☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐

Representative Initial MDFDLS

Client Initial \_\_\_\_\_

<input type="checkbox"/> Pension Fund Benefits	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shares	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Debentures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Securitised Debt	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Money Market Instruments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Warrants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bonds	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Derivates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Collective Investment Schemes	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Short-Term Deposits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Deposits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Forex Investment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Service Benefits	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Conditions & Restrictions

The financial service provider must inform the registrar in writing, by facsimile or in an appropriate electronic format, within the fifteen days after the change has taken place, of any change in respect of business information of the financial services provider as provided in form FSP1-9, respectively of the application from which was submitted by the provider for business of obtaining a license, and in particular relating to the providers representatives, auditor, compliance officer or any foreign clearing firm or foreign Forex service provider involved (if any) and nominee company or independent custodian involved or the shareholders, directors to trustees of any such company or custodian (if any).

The financial service provider must at all times during the currency of the providers license maintain the services of any key individual or key individuals mentioned in the information submitted on the said application format must as regards changes in respect of such information relating to a key individual or the appointment of a new key individual of the provider in addition to acting also in such cases in accordance with the procedure and time limit set out in Condition 1 also ensure full compliance with section 8(4)(b) of the Act, the provisions of which must be regarded as concluded in this Condition.

The financial service provider must within one month of the date contemplated in section 7 of the Act, submit a copy of the register in terms of section 13(3) of the Act to the registrar, and must thereafter in accordance with the procedure and time limit set out in Condition 1, inform the registrar of any change effected the details as contained in that register.

The Financial service provider must not in any manner change the name of the financial services business under such a changed name, unless (a) the provider has fully complied with the provisions of any other law than the Act that regulates such change of business name (if any), (b) the provider has fully disclosed to the Registrar the details of such compliance with such other law, (c) the Registrar is satisfied that such change of name is otherwise lawful and has approved such change of name and (d) the Registrar has issued to the provider an appropriately amended license under the provisions of section 8(5)(b)(i) of the Act.

The financial service provider must at all times ensure that any financial product in respect of which the provider intends to render a financial service, qualifies as a financial product contemplated in the Act and is or will be lawfully issued by the relevant product supplier by virtue of an authority, approval or right granted to such supplier under a law as contemplated in the definition of "product supplier" in section 1(1) of the Act.

## 6. Insurance Cover

The FSP holds the following insurance cover:

☐ Guarantees ☐ Professional Indemnity ☒ Fidelity Insurance

In the amount of:

☒ R1 million ☐ R5 million ☐ R5 million respectively ☐ More than R5 million

## 7. Exemptions

No specific exemptions or the existence of any exemptions have been granted or made by the registrar with regard to any matter covered by the act, concerning the above mentioned financial services provider.

## 8. FAIS Ombud Details

Telephone: 012 762 5000 / 012 470 9080

Email: info@faisombud.co.za

Representative Initial \_\_\_\_\_

Client Initial \_\_\_\_\_

## 9. Conflict of Interest Disclosure

### Shareholding:

Neither Lucrative Exchange Pty Ltd (the FSP) nor any of its representatives as listed above, have shareholding of more than 10% in any other Product Provider we contracted/work with:

☐ Yes ☒ No

If yes, please specify:

Representative:	_____	
Product Provider:	_____	Percentage held: _____
Product Provider:	_____	Percentage held: _____

Representative:	_____	
Product Provider:	_____	Percentage held: _____
Product Provider:	_____	Percentage held: _____

### Remuneration Profile:

In the preceding 12 months, none of the representatives as listed above, have received more than 30% in total remuneration from a specific product supplier:

☐ Yes ☒ No

If yes, please specify:

Representative:	_____
Product Provider:	_____
Product Provider:	_____

Representative:	_____
Product Provider:	_____
Product Provider:	_____

Representative Initial \_\_\_\_\_

Client Initial \_\_\_\_\_