

ANNEXURE SIX

FORM A: LIQUIDITY CALCULATIONFSP Name FSP No. (Liquidity calculation as at _____ with comparative figures as
at _____)**Notes**

- (1) This form must be completed by the key individual/s of the FSP or in the case of an FSP that is a natural person by such natural person.
- (2) A person that is authorised for multiple categories must submit a single form based on the calculation of the most onerous liquidity requirement.

Component		Current reporting period	Previous reporting period
LIQUID ASSETS			
1.	Cash		
	Capable of being converted without any penalty on capital into cash within 7 days		
	Capable of being converted without any penalty on capital into cash within 30 days		
2.	100% of market value of a participatory interest in a money market portfolio		
	Capable of being converted without any penalty on capital into cash within 7 days		
	Capable of being converted without any penalty on capital into cash within 30 days <small>[Note: The total assets referred to in line 1 and 2 that are capable of being converted into cash within 30 days may not constitute more than 50% of the total assets in line 1 and 2]</small>		
3.	70% of the market value of a participatory interest in a collective investment scheme, other than a participatory interest in a money market portfolio or CIS hedge fund, provided that participatory interest are capable of being converted into cash within 7 days		

Component		Current reporting period	Previous reporting period
	(c) 13, in the case of a Category IIA FSP		
	(d) 13, in the case of a Category III FSP		
	(e) 4, in the case of a Category IV FSP		
18.	Total liquid assets required (Amount reflected in line 17)		
19.	Deduct total liquid assets required from total liquid assets (Line 5 minus line 18)		

Management Declaration

This declaration must be signed by the Chief Financial Officer of the FSP or in the absence of such a person, a person of equivalent status, or the provider in the case of a provider being a sole proprietor (responsible person).

I,, (name of responsible person) declare that the information provided in this form is true and correct.

I am aware that the information provided may be subject to verification by the Registrar of Financial Services Providers, and should I submit false, incorrect or misleading information to the Registrar, this may impact on my compliance with the fit and proper requirements contemplated in section 6A of the Act.

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Date

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Signature