

# SEMINARS BY L.E.A.D.

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## DO YOU COMPLY WITH *FICA* REQUIREMENTS FOR 1 JULY 2004?

### PRESENTERS

Neil Kirby Partner at Werksmans  
Tammy Bortz Consultant to Werksmans

Pieter Smit from the Financial Intelligence Centre will participate in Midrand and will answer questions.

### DATE AND VENUE (09:00 to 13:00)

1 July 2004 Durban Royal Hotel  
2 July 2004 Cape Town Townhouse Hotel  
9 July 2004 Midrand Midrand Protea Hotel

### REGISTRATION FEE

Practising attorneys: R350  
More than 4 delegates from same firm: R250  
Candidate Attorneys: R250  
All other persons : R700

Please fax registration form to confirm booking.  
Limited seats. Payment by post or at venue.

### PURPOSE

This seminar is an update on the latest FICA requirements to be implemented 1 July 2004.

### CONTENT

Introduction and general overview of the Financial Intelligence Centre Act No 38 of 2001 ("FICA"), the FICA Regulations and Exemptions and their application to an attorney's practise.

Practical application of FICA, internal controls and obligations on attorneys as accountable institutions both in terms of Chapter 3 of FICA and S29 of FICA including:

- Preparation and content of prescribed FICA document
- Practical guidelines as to procedures to be followed by attorneys prior to and during consultation with clients and FICA obligations
- Preparation and application of training and internal guidelines
- Compliance officers and their duties

Attorney/Client Privilege and the scope and ambit of S38 in practise

Effect and application of FICA exemptions

Impact of other Acts of Parliament including POCA and the Whistleblower's Act

### Registration

Forward the completed registration form to Jeanette Grobbelaar or Annie Lopes.  
PO Box 27169, Sunnyside, 0132 /Docex 247, Pretoria  
Tel: (012) 341-2841 • Fax: (012) 341-3784  
E-mail: [jeanette@lssalead.org.za](mailto:jeanette@lssalead.org.za) or [annie@lssalead.org.za](mailto:annie@lssalead.org.za)  
Please complete a separate registration form for each delegate.

### FICA UPDATE

Surname:		First name:	
Title:	Gender:	Race (Optional):	
Firm:		Position:	
Postal address:		DX address:	
Tel: ( )	Fax: ( )	Cell:	e-mail:
Centre of attendance:			
Payment by credit card			
Card type: Mastercard <input type="radio"/> Visa <input type="radio"/> Diners Club <input type="radio"/>			
Expiry date:		Card holder's name:	
Card Number:			
Signature:	Date:	Amount: R	