DYNAMIC RISK ASSESSMENT

Business Unit Risk	Medium	**Date**	20 March 2023
Client Name	Client99	**Client ID**	271129591
Completed By:	Armughan Ahmad	**Completed By: Role/Designation**	Admin

Overall Dynamic Risk: **High**

			Score	Weight	Risk Factor
A. Client Risk		29			
Client Type	Individual				
Occupation	Minor/Scholar		1	1	1
Country of Birth	Pakistan		2	3	6
Country of Residence	Pakistan		2	3	6
Nationality	Pakistan		2	3	6
Is nationality different to current jurisdiction?	Yes				
Country of tax residence	Pakistan		2	3	6
Industry	Health care and medical		2	1	2
Source of Funds	Maintainance(Formal agreement)		1	1	1
Relationship to client	Premium Payer		1	1	1
B. Product/Service Risk					
Product/Service Risk	Advisory or intermediary services only with commission based inflow		3	2	3
Product/Service Category	New				
C. Transaction Risk		22			
Transaction Flow	Inflow				
Method of Transaction	Cash		3	2	6
Reason of Transaction	Commission/Service fee		1	1	1
Has this Reason for Transaction been considered as a High Risk in any Typology report/guidance?	Yes		3	2	6

Frequency of Transaction	Ad hoc	3	1	3
Value of Transaction:	100000	Currency:	ZAR	
Transaction Geography	Cross Border	2	1	2
Jurisdiction of funds	Pakistan	2	3	6
Delivery channel	Intermediaries(Advisors)	3	1	3
Linked Party acting on behalf of Client?	Not Applicable	1	1	1
Linked Party paying / receiving funds	Not applicable	0	1	0
D. Reputation Risk	High	3		
Client is a true match on:	Enforcement,SIP,SIE	3	1	3
Are there Linked Parties / Beneficiaries to Client?	Yes			
Linked Party 1	**Medium**	**Adjust Risk**	Medium	
Name and surname	a			
Relationship to client	Individual exercising control other than owner			
ID/Passport Number/Tax Number	123987			
Linked Party is a true match on	Adverse Media	2	1	2
Is this a RCA (relative / close associate) to Client?	No	0	1	0
Country of Birth	Pakistan	2	3	6
Country of Residence	Pakistan	2	3	6
Nationality	Pakistan	2	3	6
Action	Conduct Enhanced Due Diligence			

RECORD OF ADVICE

Client Name:	Client99	**ID number:**	271129591
Address	344, Block M, Johar Town, Lahore		
Email:	client99@gmail.com	**Phone:**	03121234567
Financial Advisor:	Armughan Ahmad	**Date:**	23 Mar 2023

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice.This

document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on https://www.sfpadvice.co.za

SECTION A:

1. **Compulsory Disclosures**

Client was provided with a copy of the Letter of Introduction. ○ Yes ◉ No

no idea,no idea,no idea,no idea,no idea,
no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,
no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,
no idea,

Client has provided authority to access information. ◉ Yes ○ No

hmmmm, hmmmm, hmmmm, hmmmm, hmmmm, hmmmm,
hmmmmsomething is here, something is there, hmmmm,
hmmmm, hmmmm, hmmmm, hmmmm, hmmmm, hmmmm,

2. **Financial Intelligence Centre Act (FICA)**

Client has provided a clear copy of his/her identity document. ○ Yes ◉ No

abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abc, abcabc, abc, abc

SECTION B:

Background information

Your personal circumstances that formed the basis for my recommendation

something is here, something is there
something is here, something is there
something is here, something is there
something is here, something is there
something is here, something is there

Risk

Financial Needs Analysis Summary

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
Death Cover:				
Death Cover:Lump sum	R 1000	R 2500	R 1200	R 1230
Death Cover: Income (p.m.)	R 3294	R 4938	R 3489	R 2983
Funeral Benefit (p.m.)	R 312	R 321	R 123	R 312
Other: Financial	R 1	R 2	R 3	R 4
Comments	Something here, something there			
Disabiltiy Cover:				

Lump sum	R 4	R 3	R 2	R 1
Permanent Income (p.m.)	R 5	R 6	R 7	R 8
Temporary Income (p.m.)	R 12	R 11	R 10	R 9
Sickness Benefit	R 13	R 14	R 15	R 16
Other: DiC 2	R 21	R 22	R 23	R 24
Comments	something is fishy here			

Dread Cover:

Dread Disease:Lump Sum	R 1	R 2	R 3	R 4
Dread Disease:Income(p.m)	R 5	R 6	R 7	R 8
Other: DrC 2	R 13	R 14	R 15	R 16
Comments	fishy stuff			

SECTION C:

Financial Solutions:

Summary of recommendations to address your identified needs

No cash values are payable/accessible unless a specified event has occurred, i.e., the life event for which cover is taken; in which case the proceeds are payable tax-free. The premiums are not tax-deductible according to current legislation and loans against the policy are not permitted.

Should the policy have an accelerator benefit attached, it means that upon a claim of that benefit the life cover amount will reduce by the claim amount. Standalone benefits are independent of the life cover, and you may claim without affecting the life cover amounts.

Life Cover:

Policies payable to the estate will attract executors' fees at a maximum of 3.99% + VAT. Where there is a beneficiary the executors fees will not be levied. Executors' fees are applicable to all assets in the estate of a client and the exemption only applies to policies with beneficiaries.

Death benefits will not be paid where the life insured commits suicide within 2 years of commencement or reinstatement of the cover.

Life coverage is a type of insurance that provides financial support to your loved ones in the event of your death. It can help cover expenses such as funeral costs and lost income. It's important to consider life coverage as part of your overall financial plan to protect your family and provide them with peace of mind in case of unexpected events.

Disability Cover:

Disability cover is a type of insurance that provides financial support if you become disabled and are unable to work. It can help cover expenses such as medical bills and lost income. It's important to consider disability cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

Dread Disease Cover:

Dread Disease cover is a type of insurance that provides financial support if you are diagnosed with a serious illness such as cancer or heart disease. It can help cover expenses such as medical bills and lost income. It's important to consider Dread Disease cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

SECTION D:

Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Dread Disease cover is a type of insurance that provides financial support if you are diagnosed with a serious illness such as cancer or heart

disease. It can help cover expenses such as medical bills and lost income. It's important to consider Dread Disease cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

Life coverage is a type of insurance that provides financial support to your loved ones in the event of your death. It can help cover expenses such as funeral costs and lost income. It's important to consider life coverage as part of your overall financial plan to protect your family and provide them with peace of mind in case of unexpected events.

Disability cover is a type of insurance that provides financial support if you become disabled and are unable to work. It can help cover expenses such as medical bills and lost income. It's important to consider disability cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

SECTION E:

Product Taken

Products accepted by you to meet your requirements

Product:	TFSA		
Product Provider:	SFP	**Policy Number:**	123456789
Product Name:	TFSA	**Frequency:**	10000 Monthly
Premium Pattern:	Monthly	**Escalation in cover/premium:**	100
Contracting Party:	SFP	**Life/Lives covered:**	5
Beneficial/Cessionary:	Wife	**Premium payer(s):**	Husband
1st year commission:	R 500	**2nd year commission:**	R 10000
Ongoing fees:	R 500	**Frequency:**	R 1 Monthly
Total fees and commission:	R 1000		

Benefit description: life cover, disability etc:	**Cover amount**
A	R 1
B	R 2
D	R 4
G	R 9

The following are reasons why the above-mentioned product best suits your needs and objectives

Why should I do that?

The details of the material aspects of the selected product that were discussed with you are outlined below:

somewhat to product 1 from product 2

10% sales tax

executor fee was R 500 and it does offer liquidity

Wife, Children and Parents

N.A.

INVESTMENT AND SAVINGS

Source of Funds

Identify the source of funds being invested	Salary

Business

Analysis of Client's Circumstances

The analysis of your personal circumstances as described above.

Investment Requirements	**Need**
2.1 Investment term	5 Years

duration was set to 5 years as per mutual agreement.
duration was set to 5 years as per mutual agreement.
duration was set to 5 years as per mutual agreement.
duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement.

2.2 Liquidity/Access required during term	◉	Yes	○	No

liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned
liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned
liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned

2.3 Voluntary or compulsory investment	○	Voluntary	◉	Compulsory

it was voluntary

2.4 Lump sum or recurring premium	◉	Lump Sum	○	Recurring

lump sum of R 10000

2.5 Income Required	○	Yes	◉	No

No, it is not required

2.6 Investment Strategy	Capital Reservation

hmmmmm
hmmmmm v2
asdasa
as
da
d
sads
as
dasd
ads

2.7 Return Required	Market Linked Return

yes

2.8 Risk Profile	Conservative

kind of

SECTION C:

Financial Solutions:

Summary of recommendations to address your identified needs

FNA was discussed and qualification was covered to. it does meet the client needs

SECTION D:

Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Dread Disease cover is a type of insurance that provides financial support if you are diagnosed with a serious illness such as cancer or heart disease. It can help cover expenses such as medical bills and lost income. It's important to consider Dread Disease cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

Life coverage is a type of insurance that provides financial support to your loved ones in the event of your death. It can help cover expenses such as funeral costs and lost income. It's important to consider life coverage as part of your overall financial plan to protect your family and provide them with peace of mind in case of unexpected events.

Disability cover is a type of insurance that provides financial support if you become disabled and are unable to work. It can help cover expenses such as medical bills and lost income. It's important to consider disability cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

SECTION D:

Product Taken

Products accepted by you to meet your requirements

Product:	TSFA		
Product Provider:	SFP	**Policy Number:**	123123123
Product Name:	5 Years Plan	**Frequency:**	10000 Monthly
Escalation:	N.A.	**Total estimated annual cost (EAC):**	N.A.
Contracting Party:	Client	**Life/Lives Assured:**	5
Premium Layer:	1	**Beneficial/Cessionary:**	Wife
Initial Commission:	R 500 (5%)	**Ongoing Commission:**	R 100 (1%)

Were the SFP Solution Funds (multi-managed wrap funds) considered? ○ Yes ◉ No

Why should I do that?

Investment portfolio

When a wrap fund or a selection of wrap funds is used, motivate, and explain.

Where you have constructed your own portfolio from a selection of funds contained in the SFP Approved Fund List, an analysis (ICE analysis or

similar) must be provided:

illustrating the alignment of the risk profile of the constructed portfolio and that of the investor,

motivating the constructed portfolio with reference to the following aspects:

corre

		Fund Fact Sheets to client	
Funds	%	Provided	Discussed
Fund 1	10	☑ Yes	☐ No
Fun7	10	☐ No	☑ Yes

The following are reasons why the abovementioned product best suits your needs and objectives:

IP_ltP_FundsReasons

The details of the material aspects of the selected product that were discussed with you are outlined below:

BUSINESS ASSURANCE

Trade name of Business:	TriggerPorter
Registered name of Business:	KCS
Authorised Person(s):	Official Signatory
Financial Advisor:	Armughan Ahmad
Address:	Lahore
Email:	armughan.ahmad@kasparholdings.com
Phone:	03121234567
Date:	24 Mar 2023

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on https://www.sfpadvice.co.za

SECTION A:

1. **Compulsory Disclosures**

Client was provided with a copy of the Letter of Introduction. ○ Yes ◉ No

Point Authorised Person

Client has provided authority to access information. ◉ Yes ○ No

Point Authority

2. **Financial Intelligence Centre Act (FICA)**

Client has provided a clear copy of his/her identity document. ○ Yes ◉ No

Point FICA

3. **Replacements**

Does/Do the product(s) taken replace an existing product(s)?	◉ Yes	○ No
Point Replacement 1		
If "Yes" (above), the Financial Adviser confirms that all disclosures on the Replacement Product Comparison document have been explained to the client.	○ Yes	◉ No
Point Replacement 2		
The client has confirmed that no financial products were canceled, Lapsed forfeited, surrendered, or partially surrendered in the 6 months preceding and does not intend to cancel a financial product in the next 6 months.	◉ Yes	○ No
Point Replacement 3		

SECTION B:

Background information

Provide a brief description of the business

just do it

Business Needs Identified

PART I: RISK

2. Financial Needs Analysis Summary: Business Assurance

Business assurance needs identified

- [x] Funding of Buy-and-Sell Agreement
- [ ] Key Person Insurance
- [x] Contingent liability
- [ ] Business Overheads Protection
- [ ] Credit Loan Account Redemption
- [x] Debit Loan Redemption
- [ ] Funding of Future Expenses
- [x] Funding of Deferred Gratuities

asdasd

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
Buy and Sell:				
Death	R 1	R 2	R 3	R 4
Disability	R 5	R 6	R 7	R 8
Other: bns	R 9	R 10	R 11	R 12
Comments	asdasdasdhbashbdbhbhabsbhasdhbasdhba			
Key person:				
Death	R 13	R 14	R 15	R 16
Disability	R 17	R 18	R 19	R 20

Temporary Income (p.m.)	R 21	R 22	R 23	R 24
Permanent Income (p.m.)	R 25	R 26	R 27	R 28
Other: kyep	R 29	R 30	R 31	R 32

Comments

asdjahsdgy721341892398ui

Suretyship and Liability:

Death	R 33	R 34	R 35	R 36
Disability	R 37	R 38	R 39	R 40

Comments

123123123121213

Business Overheads Protection:

Temporary Income(p.m.)	R 41	R 42	R 43	R 44
Permanant Income(p.m.)	R 45	R 46	R 47	R 48

Comments

1920398193u1weqsjhandh

Credit Loan Account Redemption:

Temporary Income (p.m.)	R 49	R 50	R 51	R 52
Permanant Income (p.m.)	R 53	R 54	R 55	R 56
Other: other 1	R 57	R 58	R 59	R 60

Debit Loan Account Redemption:

Temporary Income (p.m.)	R 61	R 62	R 63	R 64
Permanant Income (p.m.)	R 66	R 66	R 67	R 68
Other: other 2	R 69	R 70	R 71	R 72

SECTION B:

Financial Solutions

Summary of recommendations to address the business's needs identified.

Life Cover

no, I won't

Disability Cover

sure, something here. something there

SECTION C:

Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Solution 1

Solution 3

SECTION E:

Product Taken

Products accepted by you to meet your requirements

Product Provider:	TFSA	**Policy Number:**	987654321
Product Name:	TFSA	**Frequency:**	300 Monthly
Premium Pattern:	monthly i guess	**Escalation in cover/premium:**	n.a.
Contracting Party:	sfp	**Life/Lives covered:**	3
Premium Payer:	client		
1st year commission:	R 50	**2nd year commission:**	R 25

Benefit description: life cover, disability etc:	**Cover amount**
hmmmm v1	R 30
hmmm v2	R 12
hmm v3	R 10

The following are reasons why the abovementioned product best suits the business's needs and objectives:

hmmmmm

The details of the material aspects of the selected product that were discussed with you are outlined below:

hmmmmm

hmmmmm

hmmmmm

hmmmmm

assurance investment

INVESTMENT & SAVINGS

SECTION B:

Analysis of Business's Circumstances

The analysis of your personal circumstances as described above

Investment requirements	Need
Investment term	5 Years

analysis of your personal circumstances as described above

Lump sum or recurring premium.	○ Lump Sum ◉ Recurring
Lump sum or recurring premium	
Investment Strategy	Capital Preservtion
tan tan tan	
Return Required	Guaranteed Return
return hi return hae	
Risk Profile	Ultra Conservative
not required I guess	

Funding of future expenses and/or deferred gratuities

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
Payment of trade restraint agreements	R 1	R 2	R 3	R 4
Replacement of assets	R 5	R 6	R 7	R 8
Compulsory refurbishing of franchises	R 1	R 2	R 3	R 4
Other: other 1	R 5	R 6	R 7	R 8

SECTION C:

Financial Solutions:

Summary of recommendations to address the business's needs identified

why should I discuss this?

SECTION D:

Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Alternative Solutions Considered 1

Alternative Solutions Considered 2

Alternative Solutions Considered 3

SECTION E:

Product Taken (Each additional need must be accompanied by its own product annexure.)

Products accepted by you to meet your requirements to meet the business's requirements

Product Provider:	SFP	**Policy Number:**	
Product Name:	TFSA	**Frequency:**	10000 Monthly
Premium Pattern:	**Escalation in cover/premium:**	N.A.	
Contracting Party:	SFP	**Life/Lives covered:**	2
Beneficial/Cessionary:	Wife	**Premium payer(s):**	Client
Intial commission:	R 100 (5%)	**Ongoing commission:**	R 25 (2.5%)

Investment Portfolio

jajajajaja
asjdajndanjdjndanja
djasdsajajnsdjndsa

		Fund Fact Sheets to client	
Funds	%	Provided	Discussed
fund 1	1	☑ Yes	☑ Yes
fund 2	2	☑ Yes	☐ No
fund 3	0	☐ No	☑ Yes
fund 7	10	☑ Yes	☑ Yes

Source of Funds

Identify the source of funds being invested

Salary

business

The following are reasons why the abovementioned product best suits the business's needs and objectives:

why

The details of the material aspects of the selected product that were discussed with you are outlined below:

not

aaaaaaa

huh?

Employee Benefits

Client Name:	Client99	**ID number:**	123123123

Address	Lahore		
Phone (Tel):	04231234567	**Phone (Cell):**	03121234567
Email:	client99@gmail.com	**Date:**	24 Mar 2023
Financial Advisor:	Armughan Ahmad	**Details of fee:**	N.A.

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice.This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA).You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on https://www.sfpadvice.co.za

Section A: Employer Information:

Name of business entity:	SFP		
Physical Business Address:	Lahore, Punjab, Pakistan		
Employer contact person:	Client98		
Office Tel No:	0427867861	**Cell Phone:**	03007867861
Email Address:	client99@gmail.com		
Nature of business & Type of industry:	Software House		
Do the employees belong to Trade Union/ Bargaining Council?:	◉ Yes	○ No	
Details:	N.A.		
Total number of employees:	10		
Total number of eligible employees:	5		
Specify and explain categories of members excluded:	5		

Section B: Take-over of existing fund

Name of existing fund & PF Reg no:	hmmmm
Name of previous Insurer/ Administrator:	naaah
Current total fund value:	1000
Number of current active members:	10
Number of fully paid-up members:	5
Reason for change:	5

Section C: Clients Needs and Requirements

Retirement Benefits	○ Yes	○ No	◉ Undecided

hmamdmaskmasdasdklaklskdlkdkl

dasokaskjasdjasdjadsjkdajk

Section D: Investment Indicator

Are some of the employees within five years of retirement?	◉ Yes	○ No	50 %
Indicate the percentage of employees that are financially illiterate?	○ Yes	◉ No	25 %
Indicate the percentage of employees that are financially sophisticated	◉ Yes	○ No	12.5 %
Is there a high staff turnover?	○ Yes	◉ No	6.25 %
Is individual member investment choice required?	◉ Yes	○ No	2.125 %
Is a Default Investment Portfolio required?	○ Yes	◉ No	1.0625 %
Additional Comments	asdasdasd		

Section E: Risk Benefits

Categories (description)	cat 1	cat 2	cat 3	cat 4
Member Contributions	R 10	R 50	R 100	R 20
Employer contributions	R 20	R 10	R 40	R 20
Normal Retirement age	60	60	60	60
Death Benefits				
Flexible group life		5 (Multiple of Salary)		
Approved ○ Yes ◉ No	1	2	3	4
Unapproved ◉ Yes ○ No	5	6	7	8

Will the new fund be taking over the life cover of existing disability claims? ○ Yes ◉ No

Spouse life cover	R 9	R 8	R 7	R 6
Notes on Spouse cover	asdasdasd			
Trauma Benefits				
Multiple of Salary	R 2	R 3	R 4	R 5
Funeral Benefits				
Cover required	R 20	R 30	R 40	R 50
Capital Disability Benefit				

Approved					
◉ Yes	○ No	Capital Disability Benefit 1	Capital Disability Benefit 3	Capital Disability Benefit 5	Capital Disability Benefit 7
Unapproved					
○ Yes	◉ No	Capital Disability Benefit 2	Capital Disability Benefit 4	Capital Disability Benefit 6	Capital Disability Benefit 8
Cover required		R 20	R 30	R 40	R 50
Disability Income Benefit					
Waiting period		3	1	3	6
Conversion option:		I don't have any option regarding this			
Growth rates for income benefits:		they are 1%			
Notes on Disability Benefits:		nothing so far			
Accident Benefit					
Benefit (x annual salary)		1	2	3	4

arrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
brrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
crrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
drrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
errrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
frrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
grrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
hrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan
irrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr armughan

Disability Cover:

j
k
l
m
n
o
p

Dread Disease Cover:

q
r
s
t
u
v

w

x
y
z

Section F: Recommendations

Submit a copy of the accepted proposal with all details of new fund/scheme and benefits with this document.

Product provider/ Administrator:	SFP
Product name:	TFSA
Type of fund:	Individual
Motivation for recommendations of fund/scheme and type:	hmmmmm
Is a Default Investment Portfolio required?	◉ Yes ○ No
The client has accepted the recommendations	◉ Yes ○ No
If the client has decided to conclude a transaction that differs from the recommended solution, has the employer been informed of the risks? What risks have been pointed out?	No.

Section G: Fund Replacement

Name of fund replaced:	N.A.
Reg No:	123
Type of fund replaced:	N.A.
Detail (as applicable) of the actual and potential financial implications, costs & consequences of the replacement as disclosed to the client.	◉ Yes ○ No
Fees and charges in respect of the replacement fund:	1 2
Special terms and conditions, exclusions of liability, waiting periods, loadings, penalties, excesses, pre-existing conditions, restrictions or circumstances in which benefits will not be provided, which may be applicable to the replacement product:	2 4
In the case of risk benefits, the impact of age and health changes on the premium payable:	3 6

Differences between the tax implications of the replacement fund and the terminated fund:	4	8
Material differences between the investment risk of the replacement fund and the terminated fund:	5	10
Penalties or un-recouped expenses deductible or payable due to termination of the terminated fund:	6	12
The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund:	6	14
The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund:	6	14
Comparison of Benefits	Proposed	Existing Fund
Eligible groups	1	1
Member contribution % / rate	2	2
Employer contribution % / rate		
Is the employer contribution % inclusive or exclusive of risk and administration fees?	4	5
Benefit payable on death	6	7
Benefit payable on disability (if admitted by underwriter)	8	9
Benefit payable on withdrawal	10	11
Benefit payable on retirement	12	13
Normal retirement age		
Conversion option available and for which benefits?	16	17

Are housing loans provided?	18	19
What is the cost of administration and related costs (e.g. commission) as a % of employer's contributionEB_BusFReplace_AdminC	20	21
What are the investments fees?	22	23
What is the cost of risk cover as a % of the employer's contribution?	24	25
Are any other benefits available to members on old fund/scheme that are not under the new fund/scheme (e.g. funeral or monthly disability benefits)?	26	27
Is there investment choice and if so who qualifies?	28	29

Section H: Clients Declarations

(Please note that it is of utmost importance that you read this section carefully and understand it fully).

1. I confirm that a Contact Stage Disclosure letter, setting out the financial adviser's full particulars, experience and services offered has been provided to me.
2. I confirm that I required the financial adviser to render the financial services set out in the Service Level Agreement, a copy of which has been provided to me
3. I understand that the accuracy of a needs analysis is dependent upon the information provided to or obtained by the financial adviser. The advice furnished and product recommendations made by the financial adviser are based largely on the information I provided to the financial adviser. I understand that material non-disclosures and misrepresentations could result in inappropriate product(s) being recommended and purchased by me
4. I confirm that I was provided with copies of quotations, fund fact sheet(s), marketing brochures and rates and benefit sheets for the product(s) selected. All material terms and conditions of the product(s) selected were explained to me prior to any decision made.
5. I have been informed of and understand all costs, charges, penalties, liquidity limitations and tax implications where applicable. I understand the risks / guarantees (or absence thereof) associated with the product(s) and /or underlying fund(s) selected.
6. I confirm that all documents signed by me were fully completed prior to my signing them.
7. I confirm that the financial adviser has made enquiries to ascertain whether the product(s) selected are intended to replace any existing financial products held by me and where applicable, has informed me of the financial implications, costs and consequences of replacement.
8. Notwithstanding the information provided by the Advisor, I acknowledge that I have an obligation to familiarize myself with the terms and conditions of the product(s) that I have purchased.

SHORT-TERM INSURANCE: COMMERCIAL

Quotation Number:	SFP-03-22-001	**Underwritten by:**	Armughan Ahmad
Branch Name:	Remote	**Branch Number:**	SFP001
Inception Date:	27 Mar 2023	**Renewal Date: (If any):**	31 Aug 2023

(* Select if applicable)

Payment method: Annual	☑ Yes	Payment method: Monthly	☐ Yes
*Sasria: Annual	☐ Yes	*Sasria: Monthly	☑ Yes

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions

concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on https://www.sfpadvice.co.za

A. DETAILS OF CLIENT

Full name of business/Applicant/Owner:

Client identity number:

Company registration number:

VAT number:

Postal Address:

Risk Address:

Name and surname of contact person:

Telephone Number:

Fax Number:

Cellphone Number:

Email Address:

Description of business activities:

It is important for the purpose of disclosure that the insurer is aware of the full business description which encompasses all the activities that the business is involved. This impacts the validity of the cover and potential future claims, and you are requested to inform us whenever there may be change in the business description.

Client Preference:

(Mark the applicable option. Client must initial in the space provided.)

Lower premium (Possible lower cover/reduced benefits)	☑ Yes	aaasaaaaaa
Most comprehensive cover (Possible higher premium)	☐ Yes	

B. General

1. Has any short-term insurer ever turned down your application for insurance, cancelled any policy (or part thereof) imposed any special conditions, refused to renew any policy, or part thereof, or refused to continue any part of your insurance? ○ Yes ◉ No

2. History of previous losses/claims. Provide details regarding any losses you might have sustained during the past five years, including all claims that were paid out or not paid out

TYPE OF LOSS	YEAR	AMOUNT (R)	INSURER
Loss	2023	R 1000	Client 99

C. REPLACEMENT OF INSURANCE

Does the advice given to the client include replacement of an existing financial product? ◉ Yes ○ No

If yes,answer the following:

What is the purpose of this replacement?

asdasdasdas
ad
asd
a
sd

Reasons why replacement is considered more suitable than retaining or modifying the terminated product:

hmmm, this seems good
I think

Suppliers of the product(s) to be replaced:

not really needed

Comparison between the product to be replaced (old product) and the recommended product (new product):
Read the detail required carefully and complete the comparison below. Use 'Not applicable' where an aspect does not apply and explain why not applicable.

Financial Implications of Replacement	Existing Products	Replacement Product
Difference in fees and charges	A	N.A.
Special terms and conditions, e.g., tracker, endorsements, alarm	N.A.	B
Impact on premium	C	N.A.
Excesses	N.A.	D

PRODUCT COMPARISON AND REPLACEMENT

				Existing Product SFP		Replacement Product SFP	
				SFP		SFP	
				Sep1		TSFA	
Cover	**Recommended**	**Accepted**	**Cover amount**	**Premium**	**Excess**	**Premium**	**Excess**
Fire	☑	☑	R 1	R 2	R 3	R 4	R 5
Buildings combined	☐	☑	R 6	R 7	R 8	R 9	R 10
Buildings combined	☐	☑	R 6	R 7	R 8	R 9	R 10
Office contents	☑	☐	R	R	R	R	R
Business Interruption	☐	☑	R	R	R	R	R
Machinery Breakdown	☐	☐	R	R	R	R	R
- Machinery breakdown: loss of profits	☐	☐	R	R	R	R	R

- Deterioration of stock	☐	☐	R	R	R	R	R
Accounts receiveable	☐	☐	R	R	R	R	R
Theft	☐	☐	R	R	R	R	R
Money	☐	☐	R	R	R	R	R
Glass	☐	☐	R	R	R	R	R
Fidelity gurantee	☐	☐	R	R	R	R	R
Goods in transit	☐	☐	R	R	R	R	R
Business all risks	☐	☐	R	R	R	R	R
Accidental damage	☐	☐	R	R	R	R	R
Public liability	☐	☐	R	R	R	R	R
- Top up personal Liability	☐	☐	R	R	R	R	R
- Commercial umberella liability	☐	☐	R	R	R	R	R
- Products gurantee	☐	☐	R	R	R	R	R
- Cyber Risks	☐	☐	R	R	R	R	R
- Director and officer's Liability	☐	☐	R	R	R	R	R
- Employer practices Liability	☐	☐	R	R	R	R	R
- Product inefficacy	☐	☐	R	R	R	R	R
- Product guarantee	☐	☐	R	R	R	R	R
- Warehousemen's guarantee	☐	☐	R	R	R	R	R
Employer liability	☐	☐	R	R	R	R	R
Stated	☐	☐	R	R	R	R	R

benefits							
- Personal and group accident	☐	☐	R	R	R	R	R
Group personal accident	☐	☐	R	R	R	R	R
Motor	☐	☐	R	R	R	R	R
- Motor car hire extension	☐	☐	R	R	R	R	R
- Motor traders: internal risk	☐	☐	R	R	R	R	R
- Motor traders: internal risk	☐	☐	R	R	R	R	R
Electronic equipment	☐	☐	R	R	R	R	R
House owner	☐	☐	R	R	R	R	R
House holders	☐	☐	R	R	R	R	R
Professional indenmity	☐	☐	R	R	R	R	R
Marine/hull	☐	☐	R	R	R	R	R
Contractors all risks:construction and engineering	☐	☐	R	R	R	R	R
Body corporate	☐	☐	R	R	R	R	R
Aviation	☑	☐	R	R	R	R	R
Travel insurance	☐	☑	R	R	R	R	R
Sasria	☐	☑	R	R	R	R	R
Legal fees	☑	☐	R	R	R	R	R

Legal fees	R 2
Commissions	R 2
Total premium	R 10

Insurable interest:

The Insured must have an insurable interest in any item insured under this policy at the date of the event giving rise to a claim. If the Insured's insurable interest in an insured item is an interest other than as an owner or a good-faith possessor of the goods (in terms of a credit agreement or else) who bears the risk of loss, the Insured must advise the Company of the nature and extent of the insurable interest before the cover commences. The cover for any such item will start only when the Company has given written confirmation and agreed to insure the property. Should the nature or extent of the insurable interest in any item insured under this policy change, the Insured must notify the Company immediately in writing of such change. Failure to do so may entitle the Company to reject the claim if the Insured's insurable interest was not agreed to by the Company.

Average:

Policies of insurance covering material property are subject to average. This means that you could recover the full amount of an insured loss only if your sum insured represents the full value of the property covered. If the amounts insured are less than the full value at the time of the loss, you can recover only a proportionate amount of the loss. If there are several items of property insured, the average will be applied separately to each item. Consequently, sums insured should always be maintained at adequate level.

Reinstatement value conditions:

Where cover is subject to these conditions, the basis upon which the amount payable is calculated should be the cost of replacement or reinstatement by similar property or repair to a condition substantially the same, but not better or more extensive than its condition when NEW.
It is therefore essential that in all instances where these conditions apply, the sum insured must be representative of the actual NEW INSTALLED REPLACEMENT VALUE at the time of reinstatement, and must cater for:

- All leased, hired or rented assets which you are responsible to insure
- Labour, installation, engineering, project management and all associated costs
- Peripheral/associated equipment and costs such as cabling, trunking, etc.
- Inflation during the time it will take to reinstate/rebuild/replace
- Currency fluctuations, exchange rate duties, taxes, surcharges, and all associated costs
- Trends and other fluctuations in value
- Value-added tax

Value-added tax:

All sums insured/limits of indemnity must be inclusive of VAT and in some instances, e.g. personal accident/stated benefits cover, where indemnity payments received by 'vendor insured's' are vatable, the sums insured/limits of indemnity would need to be increased by a further 15% so as not to reduce the net payment when a claim occurs.

Premium payment:

The premium is due and payable on or before the inception date or renewal date but must be paid immediately upon receipt of the invoice, but no later than within 30 (thirty) days of inception/renewal of the policy. The Company shall not be obliged to accept premium tendered to it more than 30 (thirty) days after the inception or renewal date but may do so upon application at such terms as it, at its sole discretion, may determine.

- Where the premium is paid monthly

The premium is due and payable on or before the inception date or the first day of each month thereafter as the case may be. If the premium has not been paid for any reason other than the Insured having stopped payment, the Company will re-debit in the following month for two months' premium.

The policy will cancel immediately:

- If the Insured has placed a stop payment on the premium
- If the full double premium has not been paid (effective from the date of the first unpaid premium)
- There may be instances where the policy may be cancelled if one month's premium has not been successfully received. Take note of specific correspondence received in instances where this is the case.

If all premiums have not been paid, any claims made will not be settled under this policy.

Adjustment Premium:

If the premium for any section of this policy has been calculated on any estimated figures, the Insured shall, after the expiry of each period of insurance, furnish the Company with such particulars and information as the Company may require for the purpose of recalculation of the premium for such period. Any differences shall be paid by or to the Insured as the case may be.

Duty of disclosure of material facts:

Because you have a far better knowledge of your risk than your insurers, please advise us prior to inception of cover or renewal or when changes are made to your risk during the year, of information which may affect the insurer's appreciation of the risk. Examples could be particularly hazardous aspects of your business (such as processes undertaken, new products, signing of leases or contracts which may impose additional liabilities on you, situation of premises, threats from other parties, warehousing of customers' properties, hiring of plant and equipment).

You do not have to disclose things which diminish the risk of insurers or are common knowledge or knowledge of which is waived by the insurer. Where, however, you are in any doubt, it is better to inform insurers as many claims have been repudiated on grounds of non-disclosure.

When a policy is placed with an Insurer you need to disclose all material facts, which could affect your Insurer's appreciation of the risk of loss, damage or liability, for which they will be providing you with insurance cover.

Once cover has been placed, the need to continue disclosing material facts not previously disclosed to your current insurers continues. This applies to all your insurance covers not just those insuring your assets, and disclosure should be made via your broker as soon as the facts come to your attention.

In addition, you need to immediately advise your broker of any changes or planned changes in your assets or business activities.

Standard construction:

The building and outbuildings are constructed with brick walls, stone or concrete and are roofed with slate, tiles, concrete, asbestos, or metal. We must be advised if any structure on your premises is not constructed in accordance with these requirements.

Unoccupied buildings/premises:

If any building and/or premise shall become unoccupied for 30 (thirty) consecutive days, the insurance cover is suspended as regards the property affected unless the Insured, before the occurrence of any damage, obtains the written agreement of the insurer to continue with the cover.

During the period of the initial unoccupancy of 30 (thirty) consecutive days, the Insured shall become a co-insurer with the insurer and shall bear a proportion of any damage equal to 20% (twenty per cent) of the claim before deduction of any first amount payable.

Theft (or any attempt thereat) of contents, electronic and all other equipment, plant, machinery, landlord's fixtures, and fittings, etc. not accompanied by forcible and violent entry into or exit from such building, is excluded unless specifically insured. An alarm warranty is also applicable for all sections which provide theft cover to the premises and requires that a linked alarm be activated and in working order whenever the premises is unoccupied. The alarm must be linked to a 24-hour manned control room and armed reaction and be activated whenever the premises is unoccupied. If either of these conditions are not met, there will be no cover. We further recommend that you test the alarm at the intervals recommended by the service provider to ensure that the alarm is operational and in working order.

Power surge:

Power surge cover is generally limited in terms of the policy, and we encourage you to check each section of the policy to determine the adequacy of the limit of cover selected. Insurers further require that there is SABS-approved power surge arrestors installed at the premises for the cover to be valid, or else ensuring that the cover is not limited, or additional excesses being applied. We recommend that such surge arrestors be installed on the mains of the premises by a professional service provider, to ensure that all equipment is adequate protected.

Retaining and boundary walls:

Simplistically, a boundary wall serves as a dividing structure between two pieces of land and a retaining wall serves to split levels of ground to prevent the higher level from subsiding onto the lower level.

In consequence, a retaining wall carries a much higher risk than a boundary wall.

The policy excludes damage to retaining walls caused by storm, wind, water, hail, or snow, unless you can provide insurers with written proof confirming the retaining walls were designed and constructed in accordance with a professional structural engineer design specification.

An Insurer will require the submission of a stability report from a suitably qualified engineer prior to going on risk at inception or renewal of a policy, to substantiate the current stability of the structure. Once this report has been received and cover is approved, the Insurer will list the retaining wall separately on the policy schedule and likely charge an additional premium on the (new replacement) value of the retaining wall.

It is imperative that property owners be aware of all retaining and boundary walls on their property and monitor, on an ongoing basis, the changes to and around all retaining and boundary walls, especially where the other side of the wall is outside of their property.

Pleading ignorance when your boundary wall becomes a retaining wall by the action or inaction of a third party and then collapses is unfortunately of no help in an insurance claim. When in doubt, always ask your broker for assistance.

Claim Notification:

On the happening of an event that may result in a claim under this policy, notify us as soon as possible and provide in writing details of the event including all substantiating documentation that your insurers may require. The police must be notified immediately after the event. Insurers require that all claims be reported no later than 30 days after the insured event or there may be no cover.

Prevention of loss:

You are required to take all reasonable steps and precautions to prevent accidents or losses, including, but not limited to, compliance and adherence to laws and regulations which are material to the risk. It is warranted that all laws, regulations, by-laws, and rules which apply to the business or any other matter for which cover is provided in terms of the policy shall be always adhered to.

Remote jamming/theft of items from a vehicle without forcible and violent entry or exit:

If the Insured can demonstrate through video surveillance footage (or any other conclusive proof) that an attempt was made to lock the vehicle using the vehicle remote but that the locking mechanism was blocked by thieves using an electronic device, such evidence shall be deemed to satisfy the forcible and violent entry or exit requirement for any loss out of the cab or boot of the vehicle

Burglar alarm warranty (where applicable):

It is a condition precedent to the liability of the Company that a burglar alarm system will be installed in all premises stated in the schedule and warranted that:

- The burglar alarm installed in the premises shall be fully activated whenever the premises is not open for normal business unless any principal, partner, director or employee is in the premises
- The insurance shall not cover loss of or damage to property following the use of keys, the keypad code or remote control of the burglar alarm or any duplicate thereof belonging to the Insured unless such keys, keypad code or remote control were obtained by theft

Unless specifically stated to the contrary, all premises shall be protected by such alarm, and it is further warranted that:

- The contract for any burglar alarm services shall include services of a 24-hour armed response unit
- The control panel shall have an event log and the arming and disarming of the alarm shall be logged and after the occurrence of a claim the Company will be entitled to request full information of the relevant log
- Such alarm will be maintained in proper working order, but the Insured shall be deemed to have discharged their liability if they have maintained their obligations under a maintenance contract with the installation/service company of the alarm system

Excess/first amount payable/deductible:

Your policy is subject to several different excesses/first amounts payable for each section of the policy where cover has been selected – these are detailed per section of the policy or are listed under the Excess section. Refer to the various sections for applicable excesses/first amounts payable in the event of a claim.

Tracking device requirements:

Your policy may contain specific requirements regarding the compulsory fitment, maintenance and testing of tracking devices, as well as the type of tracking device specified for the type/category of vehicle (i.e. constant monitoring/early warning). We strongly encourage you to familiarise yourself with these requirements as theft/hijacking cover is often subject to such tracking devices being installed, maintained, and tested.

Where tracking devices are not a requirement, and you have elected to fit such a device of your own accord, inform us as you may be entitled to a reduction in premium and/or your theft excess may be waived (subject to policy terms and conditions).

SECTION 1: FIRE

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Important notes:

The onus is on the client to provide the correct sums insured.

Building:

Sum insured is the replacement costs (not market value).

Plant and machinery:

When calculating the sum insured, plant/machinery must be insured at new replacement costs/value.

Stock in trade:

When calculating the sum insured, stock in trade must be insured at cost price.

Insured property:

Sum insured: Buildings (excluding surrounding walls and paving):	R
Sum insured: Rental:	R
Sum insured: Plant, machinery, fixtures, and fittings:	R

Sum insured: Stock and materials in trade:	R
Sum insured: Miscellaneous:	R
Sum insured: Miscellaneous:	R

Additional Perils	**Included Yes / No**			
Earthquake	○	Yes	◉	No
Malicious damage	◉	Yes	○	No
Special Perils	○	Yes	◉	No
Leakage-full value	○	Yes	○	No
Leakage-first loss limit	◉	Yes	○	No
Subsidence and landslip(limited)	○	Yes	○	No
Subsidence and landslip(comprehensive)	○	Yes	○	No
Riot and strike(except RSA)	○	Yes	○	No
Stock declaration conditions	○	Yes	◉	No

SECTION 2: BUILDINGS COMBINED

Additional claims Preparation cost:

Limit:	R 1	Premium:	R 3
Item Number:	R 2	Premises Number:	R 4

Important notes:

The onus is on the client to provide the correct sums insured.

- Building: The sum insured is the replacement costs (not market value).
- All fixtures and fittings added to the building, e.g., carpets, air conditioning units
- In the event of insuring contents; the sum insured should be the new replacement value of contents
- Loss of rental is included in the policy up to a maximum of 25% of the sum insured of the insured property.

Column reference:				
Sum insured (to include perimeter walls or fencing and paving, etc.):	R			
Construction standard:	○	Yes	◉	No
Description:				

Extensions	**Included Yes / No**			
Riot and strike (except RSA)	◉	Yes	○	No
Sum ensured geysers	◉	Yes	○	No
Subsidence and landslip(comprehensive)	○	Yes	◉	No

Prevention of access	○ Yes	◉ No
Inflation/Escalation clause	◉ Yes	○ No

SECTION 3: OFFICE CONTENTS

Additional claims Preparation cost:

Limit:	R 10	Premium:	R 15
Item Number:	R 1123	Premises Number:	R 11

Sum Insured:	R 10		
Construction standard:	◉ Yes	○ No	
Description:	no		

Important notes:

- Sum insured of contents should be at new replacement costs
- Office contents exclude electronic equipment.

Extensions	Sum Insured	Premium
Documents	R 5	R 10
Legal Liability Documents	R 15	R 20
Riot and strike(RSA)	R 25	R 30
Theft(forcible)	R 35	R 40
Theft	R 45	R 50
Total annual premium for item:		R 55

SECTION 4: BUSINESS INTERRUPTION

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Basis:			
Indemnity Period:	R		

Important Notes

- Calculation of gross profit sum insured: Difference basis
- Calculation of gross profit sum insured: Addition's basis (Net profit and standing charges)
- Indemnity period: Suggested minimum period is 12 months and more. It is not only the time involved in repairing the material damage, but it may consider actual time to return to normal production.

Type	Included Yes/No		Schedule Item Number
Gross Profit	◉ Yes	○ No	
Gross rentals	○ Yes	◉ No	

Revenue	◉	Yes	○	No	
Additional increase in cost of working	○	Yes	◉	No	
Wages	◉	Yes	○	No	
Fines and penalties	○	Yes	◉	No	
Standing charges	◉	Yes	○	No	
Extensions	○	Yes	◉	No	
Sum insured	R 1				R 1
Wages	NO				
Specified suppliers	○	Yes	◉	No	R 1
List Specified suppliers					
- Supplier	a				
- Premises	b				
Unspecified suppliers	◉	Yes	○	No	R 3
Prevention of access	○	Yes	◉	No	R 5
Clients	◉	Yes	○	No	R 6
- Client	R c				
- Premises	R d				
Public utilities					
Insured perils	○	Yes	◉	No	R 7
Extended cover	◉	Yes	○	No	R 8
Public telecommunications					
Insured perils	○	Yes	◉	No	R 9
Extended cover	◉	Yes	○	No	R 10
Accidental cover	○	Yes	◉	No	R 11
Total annual premium for item					R 12

Comments

No Comments

Premises Number:

Basis:

Indemnity Period:

Important Notes

- Calculation of gross profit sum insured: Difference basis
- Calculation of gross profit sum insured: Addition's basis (Net profit and standing charges)
- Indemnity period: Suggested minimum period is 12 months and more. It is not only the time involved in repairing the material damage, but it may consider actual time to return to normal production.

Type	Included Yes/No				Schedule Item Number
Gross Profit	○	Yes	◉	No	
Gross rentals	◉	Yes	○	No	
Revenue	○	Yes	◉	No	
Additional increase in cost of working	◉	Yes	○	No	
Wages	○	Yes	◉	No	
Fines and penalties	◉	Yes	○	No	
Standing charges	○	Yes	◉	No	
Extensions	◉	Yes	○	No	
Sum insured	R 10				R 40
Wages	NO				
Specified suppliers	○	Yes	◉	No	R KCS
List Specified suppliers					
- Supplier	KCS				
- Premises	KCS				
Unspecified suppliers	○	Yes	◉	No	R 10
Prevention of access	◉	Yes	○	No	R 10
Clients	○	Yes	◉	No	R 10
- Client	R 99				
- Premises	R office				
Public utilities					
Insured perils	◉	Yes	○	No	R 15
Extended cover	○	Yes	◉	No	R 12
Public telecommunications					
Insured perils	◉	Yes	○	No	R 15

Extended cover	○	Yes	◉	No	R 16
Accidental cover	◉	Yes	○	No	R 17
Total annual premium for item					R 18

Comments

nothing

SECTION 5: ACCOUNTS RECEIVABLE

Additional claims Preparation cost:

Limit:	R 1	Premium:	R 1
Item Number:	R 1	Premises Number:	R 1

Occupation Description:	2
Construction type:	R 3

Extensions	**Included Yes / No**			
Riot and strike (except RSA)	◉	Yes	○	No
Duplicate records	○	Yes	◉	No
Protection	◉	Yes	○	No
Transit	○	Yes	◉	No
Declaration	◉	Yes	○	No
Total annual premium for item			R 1	

Comments

no comment

SECTION 6: THEFT

Additional claims Preparation cost:

Limit:	R 1	Premium:	R 2
Item Number:	R 3	Premises Number:	R 4

Important Notes
The onus is on the client to provide the correct sums insured on a first loss basis.

- Sum insured is on a first loss basis
- Security is important
- Forcible and violent entry
- Look at the type of contents that you have, e.g. heavy machinery or electronic goods and whether it will be easy to carry it away

Sum insured:	1
Specific description of content:	2
Total value of contents:	3

Construction type:	asdh
Protection:	asdjasdhuais

Comments

asjdhasd

SECTION 7: Money

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Important Notes

- Money in an unattended vehicle is not covered

Receptacle limit:	R	Premium:	R
Personal Accident:		○ Yes	○ No
Riot and strike:	○ Yes ○ No	Occupation Description:	
Major limit:	R	Premium:	R
Seasonal limit:	R	Premium:	R

Extensions	**Included Yes/No**	**Limit**	**Premium**
Petrol Attendants	○ Yes ◉ No	R 1	R
Collectors	◉ Yes ○ No	R	R 2
Patrol Attendants	○ Yes ◉ No	R 3	R
Total annual premium			R 4

Comments

no

SECTION 8: GLASS

Additional claims Preparation cost:

Limit:	R 1	Premium:	R 1
Item Number:	R 1	Premises Number:	R 1

Sum insured:	R 1

Extensions	**Included Yes/No**
Special replacement	◉ Yes ○ No
Riot and strike	◉ Yes ○ No

Total annual premium	R 1

Comments

noaoasosjdajad

SECTION 9: FIDELITY GURANTEE

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Number of employees:	R	Premium:	R
Voluntary excess:	R		
Cost of recovery:	R		
Sum insured:	R	Premium:	R

Extensions	**Included Yes/No**		**Limit**	**Premium**
Reinstatement of sum insured	○ Yes	○ No	R	R
Computer losses	○ Yes	○ No	R	R
Supersedded insurance	○ Yes	○ No	R	R
Retroactive cover	○ Yes	○ No	R	R
Losses(24/36 months)	○ Yes	○ No	R	R
Losses(24 months-audit)	○ Yes	○ No	R	R
Total annual premium for item				R

Comments

SECTION 10: GOODS IN TRANSIT

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Commodity:	R		
Means of conveyance(e.g by road,rail or air):	R		
Estimated annual turnover:	R		
Limit per load:	R		
Premium:	R		

Number of vehicles:	R		

Extensions	Included Yes/No		Limit	Premium
Riot and strike	○ Yes	○ No	R	R
Debris removal	○ Yes	○ No	R	R
Fire extinguishing charges	○ Yes	○ No	R	R
Declaration conditions frequency	○ Yes	○ No	R	R
Total annual premium for item				R

Comments

SECTION 11: BUSINESS ALL RISKS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Riot and strike	○ Yes ○ No		
Place:	R		
Basis:	R		
Increase cost of working limit:	R	Article Description:	
Model Number:	Serial Number:		
Sum insured:	Premium:		
First amount payable:			
Total annual premium for item:	R		

Comments

SECTION 12: ACCIDENTAL DAMAGE

Additional claims Preparation cost:

Limit:	R 1	Premium:	R 1
Item Number:	R 1	Premises Number:	R 1
EML%:	1 %	Same risk:	1 %
Total value:	1		
Sum Insured:	R 1	Premium:	R 1
First amount payable:	R 1		

Extensions	Included Yes/No			
Leakage of oil:	◉	Yes	○	No
Average:	○	Yes	◉	No
Excluded Property:	◉	Yes	○	No
Reinstatement:	○	Yes	◉	No
First loss average:	◉	Yes	○	No
Total annual premium for item	R 1			

Comments

no

SECTION 13: PUBLIC LIABILITY

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Additional claims preparation cost: R1 000 or 10% of the sum insured, whichever is the lower. No additional cover is allowed.

Important Notes:

- Client must determine limit of indemnity
- Umbrella liability cover available: R20 million

Basis of cover:	R			
Retroactive date:				
Occupation:				
Additional premises:				
Limit of indemnity:	R	Premium:		R
Products liability/defective workmanship:		○	Yes	○ No
- Code:	R			
- Limit:	R			
- Turnover:	R			
- Premium:	R			
EC Liability:		○	Yes	○ No
- Limit:	R			
- Turnover:	R			
- Premium:	R			

USA/Canada Liability:	○ Yes	○ No	
- Limit:	R		
- Turnover:	R		
- Premium:	R		
Legal defense cost:	○ Yes	○ No	
A. R50 000:	R		
B. R100 000:	R		
C. R250 000:	R		
Wrongful arrest and defamation:	○ Yes	○ No	
A. Event: R50 000:	R		
B. Event: R100 000:	R		
C. Event: R250 000:	R		
Pharmacies:	○ Yes	○ No	
- Pharmacies:	R		
Errors/omissions/negligence:	○ Yes	○ No	
Hair salons:	○ Yes	○ No	
Medical Treatment:	○ Yes	○ No	
Total annual premium for item	R		

Comments

SECTION 14: SPECIALIST PRODUCTS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Cover	Recommended	Accepted	Cover amount
Top up personal liability	☐	☐	R
Commercial umbrella liability	☐	☐	R
Products guarantee	☐	☐	R
Cyber risks	☐	☐	R
Directors and officers liability	☐	☐	R

Employment practices liability	☐	☐	R
Product inefficacy	☑	☐	R
Product guarantee	☐	☐	R
Cover	**Recommended**	**Accepted**	**Cover amount**
Warehousemen's liability	☐	☐	R
Professional indemnity	☐	☐	R
Contractor's All Risk	☐	☐	R
Other	☐	☐	R

SECTION 15: EMPLOYER'S LIABILITY

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Limit of indemnity:	R
	R
Premium:	R
	N.A.
Loading:	%
Total annual premium for item	R

Comments

SECTION 16: STATED BENEFITS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Important Notes:

- Attach complete list of full names and identity number for each employee.

ID Number	Number of persons
Number of persons	
Job Description	
Insured Person	
Annual earnings	

Cover		
Death		
Permanant Disability		
Temporary Disability		
Business Limitation	○ Yes	○ No
Extensions	**Yes/No**	
Medical Cost	○ Yes	○ No
Burns Disfigurement	○ Yes	○ No
Passive war	○ Yes	○ No
Motorcycling	○ Yes	○ No
Mountaineering necessitating the use of ropes	○ Yes	○ No
Polo on horse back	○ Yes	○ No
Funeral Cost	○ Yes	○ No
Repatriation cost	○ Yes	○ No
Trauma cost	○ Yes	○ No
Total annual premium for item	R	
Comments		

SECTION 17: GROUP PERSONAL ACCIDENT

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Profession:	R		
Basis:	R		
Number of People:	R		
Compensation(death)Sum insured:	R	Premium:	R
Permanant Disability:	○ Yes ○ No		
Temporary Disabiltiy:			
Minimum period:			

Maximum period:	1			
Business Limitation:	○ Yes	○ No		
Extensions:	**Yes/No:**		**Limit:**	**Premium:**
Medical Cost:	◉ Yes	○ No	R 1	R
Burns Disfigurement:	○ Yes	○ No	R	R 2
Passive war:	○ Yes	◉ No	R 3	R
Motorcycling:	○ Yes	○ No	R	R 4
Mountaineering necessitating the use of ropes:	◉ Yes	○ No	R 5	R
Polo on horseback:	○ Yes	◉ No	R	R 6
Funeral Cost:	○ Yes	○ No	R 7	R
Repatriation Cost:	◉ Yes	○ No	R	R 8
Trauma Cost:	○ Yes	○ No	R 9	R
Total annual premium for item				R 10

Comments

nan

SECTION 18: MOTOR

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R

Contingency Liability:

Limit:	R	Contingency Liability:	R

Parking facilities and moving of third party vehicles:

Limit:	R	Contingency Liability:	R
Item Number:			

Important Notes:

- Vehicle value is based on retail value including all extras
- Settlement of claim is based on the market value of the vehicle at the time

Category:

Class of use:

Type of cover:

Registration number:	Year manufactured:		
Auto dealer's code:			
Make:	Model:		
NCB:	Sum insured:		
VSS security:	GVM/CC:		
Engine Number:			
Chassis Number:			
Hire Purhase:	○ Yes ○ No	Financial institute:	
		Contact Number:	
		Period:	
Limit:	Premium:		

Parking facilities and moving of third party vehicles:

Limit:	R 0	Premium:	R 0

First amount payable

☑	Basic:	1 % of claim/sum insured with minimum amount of R	1
☐	Theft and/or hijacking:	N.A. % of claim/sum insured with minimum amount of R	
☑	Motor vehicle glass:	2 % of claim/sum insured with minimum amount of R	3
☑	Additional voluntary excess:		5
☐	Third party liability:	N.A. % of claim/sum insured with minimum amount of R	
☑	Loss of keys:	Limit: 1	1111111
☑	Credit shortfall:(only applicable if 'Hire Purchase' Yes):	Limit:	Limit:
☐	Road assistance:	Limit:	
☑	Rental:	Limit:	
☑	Locks and keys:	Limit:	
☐	Trauma:	Limit:	
☑	Towing:	Limit:	

Comments

nan

SECTION 19: ELECTRONIC EQUIPMENT

Additional claims Preparation cost:

Limit:	R 1	Premium:	R 2
Item Number:	R 3	Premises Number:	R 4

Part 1

Additional claims Preparation cost:

Burglary cover:	R 1		
Make model:	2022		
Item description:	Honda Civic		
Serial Number:	1236574789654123		
Sum insured:	R 1000	Premium:	R 1500
EML%	5 %		
First amount payable:	5 %	General minimum:	R 150

Part 2

Working expense increases

Item:	Car		
Time excess:	No	Indemnity period:	2
Sum insured:	R 1500	Premium:	R

Extensions	Yes/No		Premium
Telkom access lines	◉ Yes	○ No	12
Failure of electricity	○ Yes	◉ No	24

Reinstatement of data

Item:	Car		
Sum insured:	R 5	Premium:	R 10
First amount payable:	R 15	Insured with minimum:	R 20

Comments

nononononon

SECTION 20: HOUSE OWNERS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Type of dwelling:	R		
Construction:			
Construction description:			
EML%	%		
Sum insured:	R	Premium:	R

Extensions	**Yes/No**		**Premium**
Subsidence and landslip	○ Yes	○ No	
Inflation escalation	○ Yes	○ No	
Total annual premium for item:			

Comments

SECTION 20: HOUSE OWNERS

Additional claims Preparation cost:

Limit:	R	Premium:	R
Item Number:	R	Premises Number:	R
Type of dwelling:	R		
Construction:			
Construction description:			
EML%	%		
Sum insured:	R	Premium:	R

Extensions	**Yes/No**		**Premium**
Subsidence and landslip	○ Yes	○ No	
Inflation escalation	○ Yes	○ No	
Total annual premium for item:			

Comments

D. DEBIT ORDER DETAILS

I, the undersigned hereby request and authorise to arrange with my bank to collect the payment due on the policy (as amended from time to time) by debit order from the bank account identified below.

Title

Full names and surname	Identity Number
Language preference	○ Yes ○ No
Postal address:	

Details of account

Name of bank:

Name of branch:	6-Digit branch code:
Date of first withdrawal:	N.A.

Sign: Date(dd/mm/yyyy): 29/03/2023

E: Record of Advice

Products considered appropriate to address the needs of the client

n

Recommended product

b

Reasons why the recommended product is considered the most suitable for the needs of the client:

a

G: DECLARATION BY INTERMEDIARY

Name of intermediary: SFP Code: SFP001

I hereby declare that, if applicable, I have explained the meaning and possible detrimental consequences of replacement of a financial product to the applicant.

I hereby declare that I have disclosed the intermediary's permit and product quotation to the applicant.

I understand and accept that if this plan is cancelled, the fee or commission paid to me can be reversed on my remuneration account, in accordance with the terms of my contract.

I hereby declare that I am authorised to market this product and that, in terms of the Financial Advisory and Intermediary Services Act and its sub-legislation, I have not been debarred nor has any authorisation given to me been withdrawn, suspended, or lapsed.

Signature of intermediary Date(dd/mm/yyyy): 29/03/2023

Very Important:

You are strongly advised to study your policy to acquaint yourself with the detail of all special terms and conditions for liability. If you have any questions or queries regarding the terms of your policy contract, you are advised to immediately contact the intermediary whose detail appears in Section F so that these issues can be addressed.

Fiduciary

Is there a valid Will in place?	○ Yes	◉ No
Date last updated?	29 Mar 2023	
Where is the will kept?	In Client's house	
Details of Executor?	Agent of SFP	
Client instruction in terms of drafting a Will?	Nothing	
Has the consequences of not having a will being explained and discussed?	Yes	

Medical

MEDICAL SCHEMES ANALYSIS

Client name:	Client99
ID Number:	271129591
Address:	Lahore
Address:	client99@gmail.com
Phone:	03121234567
Financial advisor:	03121234567
Date:	22 Mar 2023

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on https://www.sfpadvice.co.za

SECTION A:
MEDICAL SCHEMES ANALYSIS

Name and surname:	Client 99
Marital status:	Married
Gender:	Male
Occupation:	Businessman
Income per month(if income plan is selected):	R 100000
Subsidy:	R 50
Number of Dependants:	5
Spouse:	Mrs. Client 99
Other Adult Dependents (Parents, Guardians, Legal dependents):	4

Chronic conditions(Member):	0	
Chronic conditions(Spouse):	0	
Chronic conditions(Adult Dependents):	0	
Chronic conditions(Children):	0	
Other medical pre existing conditions:	1	
Period that you have been part of your previous Medical Aid:	From: 01 Mar 2023	To: 30 Mar 2023

SECTION B:
BACKGROUND INFORMATION

Your personal circumstances that formed the basis for my recommendation

asd
as
das

asd
as
asd
ads
ads
sa

SUMMARY NEEDS ANALYSIS

Need	Need Identified				Comments
Hospital cover	○	Yes	◉	No	HC
Day to Day Benefits	◉	Yes	○	No	D2DB
Threshhold Benefits	○	Yes	◉	No	TB
Chronic Benefits	◉	Yes	○	No	CB
Savings Account	○	Yes	◉	No	SA
Affordable Premium	◉	Yes	○	No	AP
Hospital Preference	○	Yes	◉	No	HP
PMB	◉	Yes	○	No	PMB
Doctor/Specialist/Hospital network	○	Yes	◉	No	D/S/H
Other	○	Yes	◉	No	other

SECTION C:
SUMMARY: COMPARISON OF MEDICAL AID BENEFITS

(Indicate whether a new medical scheme(s) is recommended or an existing scheme is to be replaced)

Details	Current Medical Scheme / Proposed Medical Scheme What are we expecting to be answered here	Replaced Medical Scheme / Proposed Medical Scheme

Name:	Client 99	Client 99: Nothing
Contribution/Premium:	Client 99: Nothing	Client 99: Nothing
Benefits:	Client 99: Nothing	Client 99: Nothing
Savings Account:	Client 99: Nothing	Client 99: Nothing
Chronic Benefits:	Client 99: Nothing	Client 99: Nothing
Hospital Cover:	Client 99: Nothing	Client 99: Nothing
Limits on cover:	Client 99: Nothing	Client 99: Nothing
General Waiting Period:	Client 99: Nothing	Client 99: Nothing
Condition Specific Waiting Period:	Client 99: Nothing	Client 99: Nothing
Legislated Prescribed Minimum Benefits:	Client 99: Nothing	Client 99: Nothing
Later Joiner Penalty:	Client 99: Nothing	Client 99: Nothing
Reward/Loyalty Programme:	Client 99: Nothing	Client 99: Nothing

SECTION D:
INITIAL RECOMMENDATION/ADVICE & MOTIVATION

Scheme and Fund recommended and/or selected by you:

Pmb
pMb
pmB
PmB
pMB
PMB

SECTION E:
IMPORTANT INFORMATION HIGHLIGHTED TO YOU

Pmb
pMb
pmB
PmB
pMB
PMB

SECTION F:
FINANCIAL ADVISER'S DECLARATION

You have elected not to accept the following product recommendations:	why			
For the following reasons:	would I			
The consequences thereof have been clearly explained to you:	○	Yes	◉	No
Fees and/or commission:	take			
fee?				

Sign Here	Date:	24 Mar 2023

Client 99

GAP COVER

Client Name:	Client 99	**ID number:**	271129591
Address	Lahore		
Email:	client99@gmail.com	**Phone:**	03121234567
Medical Aid:	Primary	**Inception Date:**	27 Mar 2023
Financial Advisor:	N.A.	**Date:**	27 Mar 2023

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on https://www.sfpadvice.co.za

SECTION A:
NEED

Gap cover benefits are only available as an add-on to the members belonging to a registered medical aid.

Details:

why
would
i
do
it?

SECTION B:
DEPENDENTS COVERED

Gap cover benefits are only available as an add-on to the members belonging to a registered medical aid.

Details: ○ Yes ◉ No

Member Name	Relationship to main Member	Medical Aid Plan
Client 99 Wife	Wife	Normal
Sis	N.A.	normal
son	son	N.A.
Client 99 Brother	Brother	Normal

SECTION C:
SOLUTION

Provider:	SFP
Option:	N.A.
Motivation:	nothing
Total Premium:	120
Broker Fee:	R 5

Commission:	R 5

SECTION D:
BENEFITS

In the event of a replacement complete both current and new product

	Current Product	New Product
Gap Cover rate	a	b
Overall annual limit	c	d
Co-payment benefit	e	f
Sub-limit benefit	g	h
Cancer benefit	i	j
Cancer diagnose benefit	k	l
Other benefit	N.A.	N.A.
Casualty benefit(In case of accident)	o	p
Trauma counselling benefit	q	r
Gap Cover premium waiver benefit	s	t
Medical scheme waiver benefit	u	v
Accidental death cover benefit	w	x

SECTION E:
WAITING PERIODS

General Waiting period	y	z
Waiting period for pre-existing condition	aa	ab
Specific waiting periods	ac	ad

SECTION F:
EXCLUSIONS

Are claims whereby the medical aid requires a co-payment for not using a specific medical service provider excluded? ◉ Yes ○ No

Other Exclusions

no
non
noopnoasnsad
dasnkaknaksdaskd

General Exclusions

qwiqwjkx
aashjkl'asxcjnnca'a
c
aca
pcajpasjasc

Notes

You will always be responsible towards the provider of medical services. Gap cover often requires a subsequent claim process to be followed, once the medical aid company has made their payment. You are then required to submit a claim to the Gap cover provider for settlement of the remainder, up to the limit of the option selected.

Most Medical Aid companies have introduced co-payments and sub-limits for certain in hospital treatment and procedures. If you elect not to take this cover you will be responsible for these.

Please be aware that No benefits are payable which should be provided by the Medical Aid scheme (such as Prescribed Minimum Benefits), this exception includes ward fees, theatre fees, medicines and other hospital expenses.

Please make sure you have read through your policy schedule/s Terms and Conditions thoroughly once your policy/s has been accepted.

Gap Cover applies to In-Hospital accounts and must not be confused with the Threshold Gap that applies for Out-Of-Hospital claims.

SECTION G:
FINANCIAL ADVISER'S DECLARATION

You have elected not to accept the following product recommendations:	N.A.			
For the following reasons	N.A.			
The consequences thereof have been clearly explained to you.	○	Yes	◉	No
Fee and/or commission	10			
aaaa				

Sign Here Date: 27 Mar 2023