

CLIENT CONSENT TO OBTAIN INFORMATION

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l,							[Please inclu	de N	Naiden name- if married]
with	the following Identity N	lum	ber			in my	personal capacity or, who	ere a	applicable, in a
-	esentative capacity for nowledge the following		on behalf of						[State if not applicable]
inclu expe info	uding private, informaterience and objectives rmation relating to or	tior , in inte	dvice can only be provice of for the purposes of de- the process of acquiring erest in any long-term in or other financial instituti	tern g, se isur	nining and advising or ervicing or maintaining	n my/o g any	our financial situation ar financial products, inclu	nd f ding	inancial product g but not limited to any
			t served if said Informat rmation for those purpo			uthor	ised financial service pr	ovic	ders with a legitimate
	hereby confirm, for the hority is granted to:	ne p	ourposes of providing th	ie sa	aid sound and proper	finan	cial advice to me/us, tha	it fu	Ill permission and
Capi			administrator Chanté H duly appointed Authori					mb	i on behalf of Aluma
			ormation via The Finance te transmission of such					ıy o	ther institution
1	ABSA		Discovery Life		Metropolitan Life		Old Mutual		Sage
1	Altrisk		Fedsure Life		Metropolitan Odyssey	,	One Life Direct		Sanlam
E	Brightrock		FNB		Momentum		Platinum Life		Southern Life
(Capital Alliance		Hollard		Nedbank		PPS		Standard Bank
(Charter Life		Liberty Life		J		_		_
					INVESTMENT				
A	Allan Gray		Coronation		Investec		Nedbank		Satrix
(Cadiz		Discovery Invest		Momentum Wealth		Oasis		Stanlib
(Group Benefits		Insure		Medical Aid				
	All of the above		Any other not listed						
relea of su inter l/we valid Disc Oth	ase such Information to uch information (as morest and I/we waive and I/we waive and Ifurther acknowledge dity periods of each Firest are Ecoupt Limited: This correct of the more are providers (as a provide	to tent ent y ri tha nan	tr the long-term insurer, the said Authorised User ioned above) and I/we consent to obtain this consent to obtain cial Service Provider independent form is only valid for all, Liberty etc.): This consent is consent to consent form the fo	via confi the p info licat or 6 nser	Astute, or any other in that such Authorist ourposes stated above ormation, on my behased below: months; from the date of the form is only valid form.	nstitu sed Us e. If will	tion providing a mechaiser shall be acting on my remain effective accord	nisn y/ou ingl	n for the transmission ur behalf or in my/our y and depending on the
	s done and signed at	OHI	y valid for 1 month; fror	n un	•	this	day of		, 20
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	Client S	ign	ature		Client Contact N	Numbe	er		
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