

STEP 3: CONSENT ACCEPTANCE

The following Consent Form is not a Brokers Note, it only allows us to obtain your policy information.

Reference No	PROVIDE REFERENCE NUMBER
Full names of client	(TITLE) (INITIALS) (SURNAME)
ID number	SOUTH AFRICAN ID NUMBER
Personal capacity	Yes

I acknowledge the following:

1. Sound and proper financial advice can only be provided after full disclosure of relevant information relating to appropriate personal, including private, information for the purposes of determining and advising on my financial situation and financial product experience and objectives;
2. Such information is furthermore required to –
 1. determine my financial situation, financial product experience and financial needs and objectives;
 2. acquire, maintain and service any financial products or to render related intermediary services.
3. Such information may include any information relating to, or interest in –
 1. long-term insurance;
 2. collective investment schemes;
 3. pension funds;
 4. any other financial product or service.
4. My interests will be best served for stated purpose if any and all such information is provided by –
 1. The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such Information, or
 2. any other authorized financial services provider.

I/we herewith give consent to any such authorized financial services provider in 4 above to release such information through Astute, or directly, to the authorized user/s below:

Or, alternatively

Authorized user	Nqobile Sibanyoni	Dean Swerpear
FSP number	WILL PROVIDE	WILL PROVIDE
Intermediary	FIO Factor	WILL PROVIDE

I/we confirm that the authorized user will be acting on my/our behalf and I/we hereby waive any right to privacy only for the stated purpose. All information so obtained must be treated as confidential by the authorized user and intermediary and may not be made public in any way without my/our written consent.

I confirm that I have requested a Portfolio Report to be emailed to **(EMAIL ADDRESS PROVIDED)**, and the security pin that will be sent to me on my cellphone number **(CELLPHONE NUMBER PROVIDED)** will enable me to view this report, and that the aforementioned representatives may contact me, without any obligation on my part, for the purposes of a Financial Needs Analysis, if I so require.

* This consent will remain effective until cancelled by me/us in writing.

Accepted and submitted at **(CITY PROVIDED) (PROVINCE PROVIDED)** at **(DATE OF REQUEST)**

Your IP address is being recorded for your own security **(IP ADDRESS)**

Please find below a choice of security questions. Confidentiality and security is of the utmost importance to us, and your selection will be used to validate and authenticate you. You **only need to select one**, and you can choose which one to select.

Questions:

- what is your mothers maiden name
- what is your current occupation
- what is your first pets name

(Button) I ACCEPT