

**Administrative Broker**

Smit & Kie Brokers(PTY)Ltd

FSP: 11184



**Advising Broker**

**Lynnette Faber**

FSP: 11184

**SHORT TERM INSURANCE**

**SINGLE NEED ADVICE RECORD**

**SUPPLEMENTARY DOCUMENT TO POLICY SCHEDULE / QUOTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLIENT DETAILS** | | | |
| Client name |  | Policy no / ref |  |

|  |
| --- |
| **AMENDMENT DETAILS** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**DECLARATION:**

1. I confirm that the amendments must be done as above, and that the implication thereof was explained to me by the broker.
2. I have never been refused insurance for the risk I now wish to insure, nor have I had any policy in which I have or had an interest cancelled or restricted. The person completing this request on my behalf does so as my agent.
3. I understand that this insurance will not start until this proposal has been accepted by the insurers.
4. Where I elected not to take up the Financial Advisor’s recommendation of a Full Financial Needs Analysis, I was advised and understand that I should take particular care to consider whether and ensure that the product(s) purchased or selected by me is/are appropriate to my specific needs, objectives and financial circumstances.

If I did not provide the Financial Advisor with all information requested, or there was insufficient time to conduct an analysis, I confirm that:

a. I clearly understand that there may be limitations on the appropriateness of the advice provided, and

b. I will take particular care to consider on my own whether the advice is appropriate considering my own financial objectives and

current financial position.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_