

**AUTHORITY TO OBTAIN INFORMATION AND**

**ADVISOR APPOINTMENT LETTER**

I/we hereby authorise Smit & Kie Brokers (Pty) Ltd to provide any relevant information:

* Request at all financial institutions or;
* Request at nominated financial institution

|  |  |  |
| --- | --- | --- |
| Client / Company Name | Insurer | POLICY NUMBER/REFERENCE |
|  |  |  |
|  |  |  |
|  |  |  |

**Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brokers Appointment.**

* Hereby I/we appoint Smit and Kie Brokers (Pty) Ltd and the company’s authorized representatives at all insurers as my/our new financial advisor and I/we authorize Smit and Kie Brokers (Pty) Ltd to obtain any relevant financial information from all financial institutions.

**Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I / We acknowledge the following:*

1. Sound and proper financial advice can only be provided after full disclosure of relevant information to appropriate personal, including private, information for the purpose of determining and advising on my/our financial situation and financial product experience and objectives.
2. Such information is furthermore required to –
	1. Determine my/our financial situation, financial product experience and financial needs and objectives;
	2. Acquire, maintain and service any financial products or to render related intermediary services.

*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 /we the undersigned hereby

* *Agree*
* *Do not agree*

*in terms of the “PROTECTION OF PERSONAL INFORMATION ACT “any relevant personal information may be provided to affiliates and linked entities to Smit & Kie Brokers (Pty) Ltd, in order to market /introduce me/us to further financial products (PLEASE MARK YOUR CHOICE)*

This consent to obtain information will remain effective until cancelled by me/us in writing. For more information (as contained within our privacy statement) kindly contact popia@smitk.co.za , which can also be used for any complaints or information management.

Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED AT: DATE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_