**AUTHORITY TO OBTAIN INFORMATION AND**

**ADVISOR APPOINTMENT**

CLIENT/BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID NUMBER/ COMPANY REGISTRATION NR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON OF BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Hereby I/we authorize *Smit Adviseurs (Pty) Ltd* to obtain any relevant financial information from all financial institutions.

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

* Hereby I/we appoint Smit Adviseurs (Pty) Ltd and the company’s authorized intermediaries at all insurers as my/our new financial advisor and I/we authorize Smit Adviseurs (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.
3. Such information may include any information relating to, or interest of -
   1. Long-term insurance;
   2. Short-term insurance;
   3. Collective investment schemes;
   4. Pension funds;
   5. Any other financial product or service.
   6. Health
4. My/Our 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.

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| --- | --- |
| Authorized user: | Smit Adviseurs (Pty) Ltd |
| FSP #: | 44595 |
| Representative: | Lizl van der Merwe |

*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* ***agrees……..…..do not agree…….…….****that, in terms of* ***the “PROTECTION OF PERSONAL INFORMATION ACT****“ any relevant personal information may be provided to affiliates and linked entities to Smit Adviseurs (Pty) Ltd, in order to market /introduce me/us to further financial products (****PLEASE INITIAL****) This consent to obtain information will remain effective until cancelled by me/us in writing..*

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

CLIENT SIGNATURE:        \_\_\_\_\_\_\_\_\_\_\_ BROKER SIGNATUR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Ashburton | 116141 | Medgap | x |
| Bestmed | x | Medihelp | x |
| Bonitas | x | Medshield | x |
| Brightrock | x | Momentum Health | x |
| Discovery | x | Momentum Life | 670803 |
| Fedhealth | x | Old Mutual | 729557 |
| FMI | x | Profmed | x |
| Gap Cover | x | Sanlam | D 05203848 |
| Hollard | x | Sirago | x |
| Liberty | 0170303260007 | Stratum | x |