



Complete form & fax /e-mail back:

ATT: Nick Panagiotopoulos

Fax: 086 6845 460

e-mail: pana@netactive.co.za

## CLIENT CONSENT TO OBTAIN INFORMATION

I, \_\_\_\_\_ [Full names],

with the following Identity Number \_\_\_\_\_

In my personal capacity or, where applicable, in a representative capacity for and on behalf of

\_\_\_\_\_ [State if not applicable],

acknowledge the following:

sound and proper financial advice can only be provided with full disclosure of relevant information relating to appropriate personal, including private, information for the purposes of determining and advising on my/our financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution;

my/our interests shall be best served if that information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes.

I/we accordingly confirm, for the purposes of providing the said sound and proper financial advice to me/us, that full permission and authority is granted to:

Mr N.R. Panagiotopoulos [Name of Authorised Financial Adviser]

to obtain any and all such information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information.

I/we herewith give consent for the long-term insurer, unit trust manager or other financial institution possessing such information to release such information to the said Authorised User via Astute, and I/we confirm that such Authorised User shall be acting on my/our behalf or in my/our interest and I/we waive any right to privacy only for the purposes as stated above.

I/we further acknowledge that this consent to obtain information on my behalf will remain effective until cancelled by me/us in writing.

Thus done and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Client

Please fill in correctly, and as completely as you feel comfortable with

# My Contact Details

Salutation:

Mr/Ms/Mrs/Hon/Dr etc

Full Names

(First Names)

Surname

Home Tel No:

(000) 123 4567

Work Tel No:

(000) 123 4567

Mobile No:

000 123 4567

e-mail address

myname@online.co.za

Residential Address

# Road name  
Suburb  
Town/City  
Province  
Postal Code

Postal Address (if different from Residential address)

PO Box #  
Post Office  
Postal Code

Date of Birth

Year, Month, Day

Identity No:

000000 0000 000

Marital Status:

married/ divorced/ widowed etc

Spouses Name(s):

Mr/s Name(s) Surname

Children and Age(s)

Name of Child ; Age (yrs)



## Other Information

Longterm Insurance Products & Policy No's

Company; Insurance Product; # PolicyNo

Banking Details (account where my policy payments come off)

Banking Institution  
Type of Account  
Account Holder's Name  
Account No  
Name of Branch  
Branch number

Medical Aid Product & Number

Medical Aid (Name); #No

Extra Information:

Any other information you feel is important for me, your financial adviser, to have on record.

Short-term Insurance (ie of business, household contents, car etc)

Company; Insurance Product; # PolicyNo

*I verify all the information I have provided on \_\_\_\_\_ (date) is correct!*

*Signature: \_\_\_\_\_*