



# ACCREDITNET

THE EXTRA DIMENSION IN FINANCIAL SERVICES

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## CLIENT CONSENT TO OBTAIN INFORMATION / ADVISOR APPOINTMENT

Full names \_\_\_\_\_

ID \_\_\_\_\_

Personal capacity Yes ☐ No ☐ Representing \_\_\_\_\_

Telephone no: \_\_\_\_\_ Email: \_\_\_\_\_

I, acknowledge the following -

Sound and proper financial advice can only be provided with full disclosure of relevant information relating to appropriate personal 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 or plans, including but not limited to any information relating to:

- ☐ Long/Short-term insurance and related risk products;
- ☐ Investment information including any retirement investments; with any long-term insurer, unit trust manager or other financial institutions
- ☐ Medical aid/Insurance
- ☐ Bank products
- ☐ Assets and Liabilities
- ☐ Previous Underwriting and Claims Information shared by Financial Institutions.

To this end and to best serve my interests, I consent to the release of such information, to the financial advisor, through a registered financial institution, Product Provider, an authorised Financial Services Provider, the Financial Services Exchange (Pty) Ltd (trading as Astute), or any institution providing a mechanism for the transmission of such information. The financial advisor may request information on my behalf, and I waive my right to privacy only for the purposes stated in this document. The financial advisor has undertaken to treat all my information confidential. This information may not be made public in any way without my written consent. I further acknowledge that this consent to obtain information on my behalf, or the appointment of abovementioned financial advisor, will remain effective until cancelled by me in writing.

I hereby confirm that:

Financial Advisor: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant: \_\_\_\_\_ Email: \_\_\_\_\_

- ☐ has been authorized to obtain policy- / investment- / unit trust information or other information on my behalf.
- ☐ I have appointed the abovementioned financial advisor as my financial advisor and that I, at my own discretion, have instructed him / her to assist me with my financial planning and to recommend financial products which I may accept or reject with no further obligation.
- ☐ the financial advisor has also been appointed to service my existing policies and where applicable earn future commission on these.

Protection of Personal Information (POPI):

I hereby give my consent that -

- ☐ the FSP and financial advisor may collect, use, process, retain and share my personal, medical and child's information for the purpose stated in this document.
- ☐ my personal information is processed by third parties as required for the purpose stated in this document.
- ☐ my personal information may be stored and processed cross-border subject to the provisions of the Protection of Personal Information Act of 2013.

I acknowledge that I have the following rights:

- The right to correct the details and to revoke this consent.
- The right not to consent / share the information however in that instance the FSP and financial advisor cannot offer the relevant services required.

I take note that the contact details of the FSP and their POPIA Policy is on their website: [www.accredinet.co.za](http://www.accredinet.co.za)

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

\_\_\_\_\_  
Date