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Life – Investments – Retirement – Medical Aid – Employee Benefits – Gapcover – Wellness

CLIENT CONSENT TO OBTAIN INFORMATION AND TO CHANGE BROKER

Full Names of Client			
Maiden Name compulsory			
ID Number			
Personal Capacity	Yes	<input type="checkbox"/>	No
Contact Number			

I acknowledge the following:

Sound and proper financial advice can only be provided after full disclosure of relevant information relating to appropriate personal, including private, information for the purposes of determining and advising on my financial situation and financial product experience and objectives;

1. Such information is furthermore required to –

- determine my financial situation, financial product experience and financial needs and objectives;
- acquire, maintain and service any financial products or to render related intermediary services.

2. Such information may include any information relating to, or interest in –

- long-term insurance;
- collective investment schemes;
- pension funds;
- any other financial product or service.

3. My/our interests will be best served for stated purpose if any and all such information is provided by –

- The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such Information, or
- any other authorized financial services provider.

I/we herewith give consent to any such authorized financial services provider as stated above to release such information through Astute, or directly, to the authorized user below and subsequently amend the broker change accordingly:

Authorized user	AVB Financial Solutions
FSP number	25707
Intermediary	Angela Van Breda

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.

* This consent to obtain information will remain effective until cancelled by me/us in writing and the broker on my policy needs to be changed to Angela Van Breda of AVB Financial Solutions

Signed at _____ this _____ day of _____ 201_____

Signature of client

Authorised Financial Services Provider CK03/048006/23 FSP 25707