

Client consent to obtain information



This form allows Discovery to get policy/investment/unit trust information on my/our behalf for purposes of a financial needs analysis and comparison quotations. Please complete all the sections that apply to you in black ink.

1. Client's personal details

Full name	<input type="text"/>
Maiden surname (if applicable)	<input type="text"/>
Identity number	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

2. Personal details of spouse

Full name	<input type="text"/>
Maiden surname (if applicable)	<input type="text"/>
Identity number	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

3. Declaration

I/we, in my/our personal capacity or, in a representative capacity for:

Entity type (e.g. Trust, company)	<input type="text"/>
Entity name	<input type="text"/>
Entity registration number	<input type="text"/>

Give full consent to:

Adviser's name	<input type="text"/>		
Assistant name	<input type="text"/>		
Telephone number	<input type="text"/>	Fax number	<input type="text"/>
Email address	<input type="text"/>		

so that they can give sound and proper financial advice to me/us. This includes allowing them to get any information they need from Astute (The Financial Services Exchange, trading as Astute), or any other institution allowing for the transmission of such information.

I/we also:

- Accept that the adviser named above will be acting on my/our behalf or in my/our interest:
- Agree to the long-term and short-term insurer, unit trust manager, healthcare or other financial institution (excluding bank account information) releasing information to the adviser through Astute, or any other institution. (Only in regards to insurance products between the client, insurance companies and Discovery.) This includes the **disclosure of loadings and/or exclusions on risk policies** and the request of paid-up quotes of pension and/or retirement annuities, Section 14 transfer of pension and/or retirement annuities and alteration quotations to enable Discovery to supply me/us with an accurate analysis of my/our existing portfolio.
- Agree that the financial service provider and/or its authorised user(s) will be acting on my/our behalf. I/we give up any right to privacy for the purpose of getting financial information and advice. All private information must be treated as confidential by the Financial Service Provider and its authorised user(s) and may not be made public without my/our written consent.
- This consent to obtain information on my/our behalf will remain effective for a period of three months or until cancelled by me / us in writing.

3. Declaration (continued)

Companies where I/we have policies, investments and unit trusts:

- ☐ Altrisk / Hollard
- ☐ Capital Alliance
- ☐ Discovery Life/Health/Card/Vitality/Invest
- ☐ Liberty
- ☐ Metropolitan
- ☐ Momentum
- ☐ The Financial Services Exchange (Pty) Ltd (trading as Astute)
- ☐ Sanlam
- ☐ Channel
- ☐ PPS
- ☐ Old Mutual
- ☐ FMI
- ☐ Platinum Life
- ☐ Nedbank
- ☐ AIG
- ☐ ABSA / AIMS
- ☐ FNB
- ☐ Standard Bank
- ☐ G-Risk

Employee benefits with:

Other:

Client’s signature

Spouse’s signature

Date

Y	Y	Y	Y	M	M	D	D
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