



## CLIENT CONSENT TO OBTAIN INFORMATION

<b>Full names of client</b>				
<b>ID number</b>				
<b>Personal capacity</b>	<b>Yes</b>		<b>No</b>	
<b>Representing</b>				

I acknowledge the following:

1. Appropriate financial advice can only be furnished after full and proper disclosure of relevant personal and private information about the client;
2. Such information is furthermore required to –
  - a. determine my financial situation, financial product experience and financial needs and objectives;
  - b. acquire, maintain and service any financial product or to render related intermediary services.
3. Such information may include any information relating to, or interest in –
  - a. long-term insurance;
  - b. collective investment schemes;
  - c. pension funds;
  - d. any other financial product or service.
4. My/our interests will be best served for stated purpose if any and all such information is provided by –
  - a. The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such Information, or
  - b. any other authorized financial services provider.

COMPLIANCE SERVICES

DATA SERVICES

INTERMEDIARY SERVICES

RISK SERVICES

*Empowering the Financial Services Industry.*

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*The information contained in this document is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of The Financial Services Exchange (Pty) Ltd*  
Version 1.0

I/we herewith give consent to the Financial Service Provider and / or his / her / its authorized user(s) below to obtain such information through Astute:

<b>Financial Service Provider</b>	
<b>FSP license number</b>	
<b>Authorised user</b>	

I/we confirm that the Financial Service Provider and / or his / her / its authorized user(s) 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 Financial Service Provider and / or his / her / its authorized user(s) 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, or,**

**This consent shall remain valid for a period of \_\_\_\_\_ [months] \_\_\_\_\_ [days] from the date of my signature.**

Signed at ..... this ..... day of ..... 20...

.....  
Signature of client