

CLIENT CONSENT TO OBTAIN INFORMATION

	Client information	Client Information
Full Names:		
ID Number:		
E-mail:		
Cell Number:		

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/our 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 of such information, or
 - b) Any other authorised financial services provider.

I/we herewith give consent to the Financial Service Provider and/or any authorised user(s) below to obtain such information through Astute, or directly.

Financial Service Provider	Kruger Financial Services / SJO Kruger / L Kruger
FSP license number	13878
Authorised User(s)	SJO Kruger

I/we confirm that the Financial Service Provider and/or any authorised 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 any authorised user(s) and may not be made public in any way without my/our written consent.

This consent to obtain information will remain valid for **6 months or until cancelled by me/us in writing**, whichever comes first.

Signed at _____ on this _____ day of _____ 20_____

Client signature

Client signature (if applicable)

I have policies, investments, membership and / or unit trusts with the following companies including subsidiaries									
ABSA/Aims	<input type="checkbox"/>	BrightRock	<input type="checkbox"/>	Liberty Life	<input type="checkbox"/>	Old Mutual	<input type="checkbox"/>	Allan Gray	<input type="checkbox"/>
Discovery	<input type="checkbox"/>	Metropolitan	<input type="checkbox"/>	PPS	<input type="checkbox"/>	AltrRisk/Hollard	<input type="checkbox"/>	FedGroup	<input type="checkbox"/>
Momentum	<input type="checkbox"/>	Sanlam	<input type="checkbox"/>	Capital Alliance	<input type="checkbox"/>	Liberty Active	<input type="checkbox"/>	Nedgroup Life	<input type="checkbox"/>
Fairbairn Capital	<input type="checkbox"/>	Stanlib	Other:						

ALL OF THE ABOVE

Employee Benefits – Company name		Employee Benefits - Insurer	
Contact No./E-mail			
Short term Insurer		Medical Aid Company & Plan	
Other			