

Client Mandate and Record of Advice

Dealer Name	
Physical address 1	Postal Address 1
Address 2	Postal 2
Address 3	Postal 3
Co Reg No:	Tel No:
Vat No:	Fax No:
FSP No:	E-mail:

I hereby request the advisor, **Representative** _____, a registered representative of _____, FSP licence number _____ to advise on and implement the **Single Need** I specifically requested, which need has arisen as result of my purchasing a motor vehicle/ and/or financing this purchase through a credit agreement.

Statutory disclosure

Compliance officer: _____

We do hold professional indemnity. The FSP does not hold more than 10% of any other product provider and act as independent intermediaries. More than 30% of our insurance business over the last 12 months was placed with _____.

A copy of our 'Conflict Of Interest Policy' is available from our office upon request.

The advisor is authorised to provide both advice and intermediary services in terms of the Financial Advisory and Intermediary Services Act 37 of 2002, in respect of the following licence categories: Short term personal and commercial; Long Term Cat B.

The Financial Services Provider accepts responsibility for all actions of the representative performed within the course and scope of his/her duties. The representative is appointed in terms of a written agreement with the Financial Services Provider.

A comprehensive needs analysis will not be conducted due to the limited nature of this mandate. I understand that whatever advice implemented here may impact on my broader financial objectives, financial situation and particular situation. Where an analysis has not been performed due to information or time constraints, I understand there may be limitations on the appropriateness of the advice given and shall take particular care in product selection. I am aware that the accuracy and completeness of the information provided remains my responsibility, and am aware that material non-disclosure could result in claims repudiation and loss of benefits.

I understand that compliance with the Financial Intelligence Centre Act is required and have provided all required information and documentation.

The proposed solutions to my needs have been explained to me in a manner that **I UNDERSTAND**. The following is a summary of recommendations made by the advisor, and the reason for the advice.

Please refer to your policy documents for full details of contact details, complaints and compliance divisions of your product provider and the nature and extent of cover which you have purchased.

My financial experience and product experience is: *No experience* *Fair* *Good*

The following products **HAVE BEEN EXPLAINED TO ME IN A MANNER THAT I UNDERSTAND** – especially definitions, exclusions and limitations. I understand the risk and cover provided and I have accepted / declined the following:

SINGLE NEEDS ANALYSIS

SUMMARY OF RECOMMENDATIONS AND REASONS FOR ADVICE – NB: Client to Initial Accept or Decline

RISK TO YOU	RECOMMENDED	PRODUCT	ACCEPT	DECLINE	COMMENTS
Loss of or damage to goods as a result of theft, fire, accident, third party etc.	Comprehensive Vehicle Insurance	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Shortfall of cover as result of repudiation of short term insurance due to the unintentional violation of policy terms and conditions. Shortfall between debt to bank and insurance cover. Underlying excess not covered.	Top up Cover	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Death, dread disease, disability, retrenchment resulting in inability to pay the vehicle's premium NB: See 'Health Declaration' page 3	Credit Life Ins	<input type="checkbox"/> <input type="checkbox"/> Plan	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Small dent and scratch damage	Paint and body protection policy	<input type="checkbox"/> Dent Care			
Mechanical Damage	Warranty / Service Plan	<input type="checkbox"/> Ext Warranty <input type="checkbox"/> Ext Service Plan <input type="checkbox"/> 2 Year Warranty Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Accidental Tyre and or Rim damage	Tyre & Rim Protection	<input type="checkbox"/> Tyre & Rim			
Vehicle Theft or Hi-jacking	Vehicle Tracking	<input type="checkbox"/> Tracker			

<p>TOP UP COVER</p> <p>This is an extension of your normal short term insurance. It covers the difference between your short term cover and your outstanding debt on your finance agreement. It also covers you in the event of certain unintentional policy violations.</p>	<p>CREDIT LIFE</p> <p>Protects you in the event that you are unable to meet your vehicle finance obligations due to unforeseen misfortune such as death, disability, dread disease and retrenchment. Details of different plan cover will be found in your policy document.</p>	<p>WARRANTY</p> <p>Covers specified mechanical failure and breakdown of your vehicle. Benefits are determined by the plan, mileage and age of vehicle as outlined in your policy document.</p>	<p>EXTENDED WARRANTY</p> <p>Additional purchased mechanical breakdown/ failure warranty which comes into operation on the expiry of the factory warranty, alternatively on the inception date of the policy</p>
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I understand that the FSP receives a commission of up to 12.5% & incentives from the product provider(s).

I understand that this FSP does not render on-going financial services, and that it remains my responsibility to submit all claims and/or amendment/ queries to the products implemented directly to the product supplier, or to any other person indicated in the Policy Contract. Separate disclosure of fees/charges, including the amount and frequency thereof, the recipient, services for which each fee was charged has been made and I understand my obligations.

I further understand that any premiums payable by me, but administered by the dealer or his nominees, must be dealt with in a manner prescribed by law, in my interest. I understand that such premiums may be kept in a suspense account pending reconciliation and payment to the product providers. I hereby authorise the dealer to apply any interest accruing to the premiums pending payment to the product provider(s) as part of an administration fee payable by me, over and above any other fees and remuneration charged by the dealer and paid by me.

Prior to providing or effecting the required insurance policy I was given the notice of freedom of choice entitlements; and I have exercised that freedom of choice; and I have not been coerced or induced in any way in the exercising of my freedom of choice or any other right.

I confirm that the application form and/or any other documentation (**including this document**) was fully completed before I signed it, and I ensured that all information contained within such documentation was to the best of my knowledge both true and correct.

Complaints policy

The Act requires that each provider must have written complaints policy, the existence of which must be communicated to consumers, and the content of which must materially conform to the example listed below.

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted to us in writing. Please ensure, that where the complaint is delivered by hand or by any other means, that you retain proof of delivery.

The financial services environment is complex. We will endeavour to address all reasonable requests from our clients, but may also refer you to a more appropriate facility. Where the complaint pertains to any aspect of our service, or any disclosures that ought to be made by us, we will endeavour to address those complaints in writing, within 10 working days.

In instances where the complaint pertains to something not within our control, such as product information or investment performance we will forward the complaint to the product provider concerned.

A copy of our procedure is available on request.

I confirm that I am not cancelling or changing any existing policy which I may have in order to take any of the aforementioned new insurance products.

Health Declaration – i.r.o. Credit Life Policies (if taken) – If Not taken then not applicable

I have been asked about my health status and disclosed all medical conditions on the application form and am aware of potential exclusions.

I declare that I do not suffer from any pre-existing medical condition that would result in the repudiation of any claim I may make against the accepted policy

ALL DECLARATIONS MADE IN RESPECT OF MY STATE OF HEALTH ARE TRUE AND CORRECT. I UNDERSTAND THAT NON-DISCLOSURE OF ANY EXISTING MEDICAL CONDITIONS MAY RESULT IN THE LOSS OF MY BENEFITS

I have received a copy of this record of advice

Signed on (date) _____ at _____

Full Name _____ Signature _____