



CLIENT CONSENT AND FINANCIAL ADVISER APPOINTMENT FORM

Client and Financial adviser Details

Client Details		Adviser & Adviser Assistant Details	
Full Name/Business name		Adviser Full Name	
ID/Registration No		Contact Number	
Contact Number		Email Address	
Email Address		Assistant Full Name	
		Assistant Email Address	

Consent to Collect and Process Personal Information

- I / we are in the process of obtaining financial advice and/or intermediary services and understand that appropriate financial advice and/or intermediary services can only be provided with full disclosure of my/our relevant personal and private (“personal”) information. This personal information may include, but is not limited to personal and private information regarding my/our financial circumstances, financial needs, objectives, risk profile, existing financial products, financial product knowledge and experience.
- I /we hereby give consent to GrowthHouse (PTY) Ltd, an authorized Financial Service provider (FSP), registered with the Financial Sector Conduct Authority, license number 34792, and I authorize the FSP and any of its authorized financial advisers or employees in their official capacity to collect:
 - ▶ All information, without limitations as per the consent described below YES NO
 - ▶ Limited information as per the specified list of products and/or companies below YES NO

Name of Products and/or Companies:

Signature of Client:

Date:

D	D	M	M	Y	Y	Y	Y
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FINANCIAL INTELLIGENCE CENTRE ACT (FICA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and documents to verify your identity (and in many cases the identities of related persons, such as but not limited to, directors and beneficial owners) during the application process and thereafter. If we ask you for information or documents, you must provide them to us as soon as possible. From time to time, we may request certain information or supporting documents from you. We kindly ask that you provide these as soon as possible so that we can avoid any delays in processing your application or providing services. If we do not receive the required information within a reasonable timeframe, we may unfortunately be unable to proceed further.

PROTECTION OF PERSONAL INFORMATION ACT (POPIA)

GrowthHouse cares about your privacy. In order to provide you with our services, we and our product providers have to process the personal information you provide us with by completing this form. We will treat this information with care and have put reasonable security measures in place to protect it.

POPIA Declaration

- I/we hereby give consent to the FSP and I authorize the FSP and any of its authorized financial advisers or employees in their official capacity to collect all personal information necessary via any medium directly from the relevant financial service providers and/or product suppliers (which include, but is not limited to, any long-term insurer, investment company, non -life insurer, medical aid scheme, unit trust manager, manager of collective investment schemes, linked investment services providers) and/or from the Financial services Exchange proprietary limited, trading as Astute FSE, I/we hereby give consent to the release of such personal information by all the relevant financial service providers, financial product suppliers and/or Astute FSE. I/we confirm that I have mandated the authorized FSP, advisers and employee to act on my/our behalf and in my/our best interest and I/we therefore waive any right to privacy exclusively for purposes of providing the advisory and intermediary services to me/us as stated above.
- I/we hereby give consent that the FSP, any of its authorized financial advisers and/or employees in their official capacity may process the personal information as obtained herein for the purpose of providing financial advisory and/or intermediary services to me/us. I/we understand that the processing of my/our personal information collected is subject to the FSP’s privacy policy/statement which is available on request and published online at www.growthhouse.co.za. The privacy statement explains how the FSP process any personal information they collect as responsible parties.
- Where I/we provide the FSP with the personal information of other persons such as a controlling person, a beneficial owner, or any other authorized person, I/we warrant that I/we have the necessary authority to do so.
- I/we consent to the sharing of personal information within the GrowthHouse Group of companies, as may be necessary for business purposes, and in accordance with POPIA

Signature of Client:

Date:

D	D	M	M	Y	Y	Y	Y
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APPOINTMENT OF FINANCIAL ADVISER

I/we herewith appoint the below authorized representative of GrowthHouse (PTY)LTD FSP number 34792, as my financial adviser and such appointment will remain in force until cancelled in writing.

Full Name of Financial Adviser:

ID:

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Scope of service(s):

Specific need(s) YES NO

Full Financial Analysis YES NO

Financial need/objective(s):

I/we require an assessment and recommendations pertaining to the following specific needs/objectives:

Required service	Select	Required service	Select	Required service	Select
Estate planning	<input type="checkbox"/>	Planning for death	<input type="checkbox"/>	Short term Insurance	<input type="checkbox"/>
Planning for retirement	<input type="checkbox"/>	Planning for Disability	<input type="checkbox"/>	Medical Aid	<input type="checkbox"/>
Planning at retirement	<input type="checkbox"/>	Planning for Dreaded Disease	<input type="checkbox"/>	Gap Cover	<input type="checkbox"/>
Investing for a goal	<input type="checkbox"/>	Business Assurance	<input type="checkbox"/>	Other	<input type="checkbox"/>

Signature of Client:

Date:

D	D	M	M	Y	Y	Y	Y
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Client declaration

- I/we confirm that all information provided for the appointment is correct.
- I/we confirm that the existing agreed fees and remuneration structures shall remain in place and unaffected by this appointment, unless otherwise amended in writing by mutual agreement between me/us and the financial adviser.
- I/we confirm that I/we have appointed the above financial adviser, and s/he is hereby authorized to render financial service on my/our behalf. Such authorization included any instruction to facilitate the buying, selling, termination or the replacement of any existing financial product or investment. It also includes any instruction to vary any term or condition applying to a financial product, the managing, administering, maintaining or servicing of a financial product and the submittal or processing of any claims associated with a financial product.
- I/we confirm that the product suppliers/administrators may give effect to any instructions communicated by my/our financial adviser or any authorized third party, only if appointed and authorized by me/us in writing.
- I/we authorize the appointed financial adviser to perform all the necessary acts, including the acquisition of information from the product providers to enable them to effectively provide me/us with further financial advice.
- I/we confirm that this appointment authorizes the financial adviser to obtain any information from a third party in order to determine my/our financial situation, financial product experience and financial objectives. Such information may include, but is not limited to any information relating to an investment in any financial product and/or any policy purchased by myself/ourselves.
- I/we further agree to transfer any commission payable during the period of this appointment to the FSP nominated above in respect of the above policies.
- I/we confirm that I/we have read and understood the contents of this form and that I/we have had the opportunity to ask questions and that all my/our queries have been answered satisfactorily.

Signature of Client:

Date:

D	D	M	M	Y	Y	Y	Y
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