

# Authorization / Advisor appointment form

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## **Authority to obtain information or/and Appoint Financial Advisor.**

I, the undersigned, \_\_\_\_\_ ID Number: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
If applicable (on behalf of company): \_\_\_\_\_ reg nr: \_\_\_\_\_

Authorises PS Kemp from PSK Consult, FSP nr 25405 to:

- obtain any policy - / investment- information or other information on my behalf; regarding my insurance policy.
- be appointed as the financial advisor on record of my, at am own discretion, have instructed him/her to assist me with my financial planning and to recommend financial products which I may accept or reject with no further obligation,
- request my insurance claims history on my policies.

### **I, acknowledge the following:**

- the financial advisor can only furnish sound and proper advice after full disclosure of my relevant personal information. This information is required to determine my financial situation and financial product experience and to evaluate my financial objectives. It enables the financial advisor to maintain and service the products in my financial portfolio and to render related intermediary services;
- my interests shall be best served if that information is made available to the authorised Financial Service Provider/s with a legitimate interest in receiving such information for those purposes;
- the information that is requested relates to long- and short-term insurance, health benefits, collective investment schemes, pension funds and any other financial products or services which is relevant to sound financial planning. To this end and to best serve my interests, I consent to the release of such information, to the abovementioned financial advisor, through a registered financial institution, Product Provider, an authorised Financial Services Provider, the Financial Services Exchange (Pty) Ltd (trading as Astute), or any institution providing a mechanism for the transmission of such information. The financial advisor may request information on my behalf, and I waive my right to privacy only for the purposes stated in this document. The financial advisor has undertaken to treat all my information confidential. This information may not be made public in any way without my written consent.
- I further acknowledge that this consent to obtain information on my behalf, or the appointment of abovementioned financial advisor, will remain effective until cancelled by me in writing.

### **Protection of Personal Information (POPI):**

I hereby give my consent that -

- the FSP and financial advisor may collect, use, process, retain and share my personal, medical and child's information for the purpose stated in this document.
- my personal information is processed by third parties as required for the purpose stated in this document.
- my personal information may be stored and processed cross-border subject to the provisions of the Protection of Personal Information Act of 2013.

### **I acknowledge that I have the following rights:**

- The right to correct the details and to revoke this consent.
- The right not to consent / share the information however in that instance the FSP and financial advisor cannot offer the relevant services required.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Companies I have life Insurance and Investments with:

- Liberty Life
- Momentum
- Discovery Life
- Sanlam
- Old Mutual
- FMI
- Hollard
- Platinum Life
- Other: (Give there Names)\_\_\_\_\_