



**CLIENT CONSENT AND ADVISOR APPOINTMENT**

**CLIENT DETAILS**

**Signatory's Details:**

**Representing:**

Full Names: \_\_\_\_\_ Full Names: \_\_\_\_\_

I.D. No.: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Postal Address : \_\_\_\_\_

: \_\_\_\_\_

Telephone Number : (B) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address : \_\_\_\_\_

**CLIENT CONSENT TO OBTAIN INFORMATION**

I, the undersigned, in my personal capacity/in my capacity as a representative of the abovementioned investor, hereby acknowledge that my/the abovementioned investor's financial affairs are best served if all information relating to such financial affairs are made available and fully disclosed to Efficient Financial Services (Pty) Ltd t/a Efficient Advise herein represented by:

\_\_\_\_\_ assisted by \_\_\_\_\_

for the purposes of providing sound and proper financial advice. I therefore authorise The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information, including but not limited to any long-term insurer, unit trust manager or other financial institution in possession of such information, to disclose such information to the appointed representative and confirm that such representative is acting on my behalf. I further acknowledge that this consent to obtain information will remain effective until cancelled under conditions required from a regulatory perspective or revoked by myself in writing.

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

\_\_\_\_\_  
Date

**ADVISOR'S APPOINTMENT**

I hereby appoint Efficient Financial Services (Pty) Ltd trading as Efficient Advise, herein represented by \_\_\_\_\_ as my Financial Advisor. This appointment supersedes any previous Advisor appointments in respect of all products and services / the products and services listed below **(please select)** and shall remain in force until revoked by me in writing. Please amend your records accordingly. I specifically request that no internal limitation on the period of validity of this appointment should be enforced by any of the product providers listed below and that this authority may only be revoked on my written instruction. I hereby acknowledge that 100% of the appropriate service fees payable on any of my financial products that qualify for transfer of fee payments must be paid to my newly appointed servicing intermediary.

**Product Provider**

**Policies / Investments**

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date