

RSA CLIENT INFORMATION FORM



Surname		Title	
Maiden name		Country of residence	
Forenames		Contact number	
Address		E-mail address Skype address	
Marital status		SA ID Number	
Date of birth		Date you left SA	
Create a password for registration purposes minimum of characters		Type of visa <i>*delete as appropriate</i>	Permanent / Temporary
Date of Australian residency		Australian Tax File Number	
Have you placed your formal emigration on record with the South African Reserve Bank? (Completing MP336, Blocked Account form)? YES / NO <i>*delete as appropriate</i>			
To help us process your enquiry as quickly as possible please indicate which insurance company(s) you hold policies with, if known		Sanlam	Old Mutual
		Liberty Life	Discovery
		Investec	Allan Gray
Other insurance companies not listed above 			

I, in my personal capacity acknowledge the following:

- sound and proper financial advice can only be provided with full disclosure of relevant Information relating to appropriate personal, including private, information for the purposes of determining and advising on my/our financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution; and
- my/our interests shall be best served if that information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes.

I accordingly confirm, for the purposes of providing the said sound and proper financial advice to me, that full permission and authority is granted to: Ryno Pieter Viljoen of Cashkows to obtain any and all such Information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information. I herewith give consent for the long-term insurer, unit trust manager or other financial institution possessing such Information to release such Information to the said Authorised User via Astute, and I confirm that such Authorised User shall be acting on my behalf or in my interest and I waive any right to privacy in this respect. I further acknowledge that this consent to obtain information on my behalf will remain effective until cancelled by me in writing.

I hereby authorise Colette Pieniazek of PTS Pension Transfer Specialists to receive copies of all my financial details, copy of the report and any other correspondence.

Signed