



## FINANCIAL SERVICES GROUP

An Authorised Financial Services Provider

SINCE  
**1976**

Risk Management - Tax Consultants - Private Wealth - Group Benefits

Office: 012 346 3001 | Website: www.helfin.co.za | Address: 106 Nicolson Street, Brooklyn, Pretoria, 0181

# LETTER OF AUTHORITY

|                      |  |
|----------------------|--|
| Full names of client |  |
| Identity number      |  |
| Telephone number     |  |

## 1. Authorisation to request information

I acknowledge the following:

1. Sound and proper financial advice can only be provided after full disclosure of relevant information relating to appropriate personal, including private, information for the purposes of determining and advising on my financial situation and financial product experience and objectives.
2. Such information is furthermore required to -
  - a. determine my financial situation, financial product experience and financial needs and objectives.
  - b. acquire, maintain and service any financial products or to render related intermediary services.
  - c. be used in a credit check.
  - d. to be run through sanctions databases, money laundering watch lists and home affairs. Standard compliance checks will be done in line with international anti money laundering standards.
3. Such information may include any information relating to, or interest in -
  - a. long-term insurance;
  - b. collective investment schemes;
  - c. pension funds;
  - d. any other financial product or service.
4. My interests will be best served for stated purpose if any and all such information is provided by -
  - a. The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information, or
  - b. any other authorised financial services provider.
  - c. **My personal information may be shared with my spouse/partner unless stated otherwise. Sharing of your information with your spouse/partner may be revoked at any time subject to written notice.**

I herewith give consent to any such authorised financial services provider in 4 above to release such information through Astute, or directly to the authorised user below: I further acknowledge that my consent to obtain my information will remain in force until it is revoked by me in writing.

|                 |                                 |                                     |
|-----------------|---------------------------------|-------------------------------------|
| Authorised user | Helfin Private Wealth (Pty) Ltd | Helfin Risk Management Co (Pty) Ltd |
| FSP number      | 10878                           | 7976                                |
| Intermediary    | Michael Papageorge              | Michael Papageorge                  |

I confirm that the authorised user will be acting on my behalf and I hereby waive any right to privacy only for the stated purpose. All information so obtained must be treated as confidential by the authorised user and intermediary and may not be made public in any way without my written consent. This consent to obtain information will remain effective until cancelled by me in writing.

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of client

## 2. Appointment of new official care intermediary

I further request the financial institutions with whom Helfin Financial Services has a sales agreement to indicate them on their records as my official care intermediary. I have been properly counselled on the consequences of this letter of appointment. This appointment may be revoked by me in writing at any time. I further request you to pay future servicing fees to my new adviser.

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of client