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CK No: 2007/163096/23
FSP No: 44541



Wenle Property Investments
CC t/a Cover Administration
Member: LA Durow
Leon Durow: 083 384 4884
E: leon@coveradmin.co.za

CLIENT/S CONSENT TO OBTAIN INFORMATION

Full name of Client			
ID No			
Personal capacity	Yes		No
Representing			

Full Name of Client - Spouse			
ID No			
Personal Capacity	Yes		No
Representing			

I/We acknowledge the following:

- Appropriate financial advice can only be furnished after full and proper disclosure of relevant personal and private information about the client;
- Such information is furthermore required to –
 - determine my financial situation, financial product experience and financial needs and objectives;
 - acquire, maintain and service any financial product or to render related intermediary services.
- Such information may include any information relating to, or interest in –
 - long-term insurance;
 - collective investment schemes;
 - pension funds;
 - any other financial product or service.
- My/our interests will be best served for stated purpose if any and all such information is provided by –
 - The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such Information, or
 - any other authorized financial services provider.

I/we herewith give consent to any such authorized financial services provider in 4 above to release such information through **ASTUTE Financial Services Exchange**, or directly, to the authorized user below:

Authorized user	Leon Aiden Durow	Sharlene Padayachee	
Description	Broker – User	Administrator – sub user	
Intermediary	Cover Administration	Cover Administration	

I/we confirm that the authorized user will be acting on my/our behalf and I/we hereby waive any right to privacy only for the stated purpose. All information so obtained must be treated as confidential by the authorized user and intermediary and may not be made public in any way without my/our written consent.

TICK ONE OF THE FOLLOWING OPTIONS:

- ☐ This consent to obtain information will remain effective until cancelled by me/us in writing.
This paragraph to be used by clients who are happy for consent to be valid until withdrawn, as per the Astute consent.

OR:

- ☐ This consent shall remain valid for a period of _____ [months] from the date of my signature.
This paragraph to be used by clients who want a limited validity period for the consent.

Signed at _____ this ____ day of _____ 20 ____

Signature of Client

Signature of Spouse