

**BALLAST INSURANCE BROKERS**

P O Box 15017, Emerald Hill, PE, 6011
 267 Villiers Road, Walmer, 6070, Port Elizabeth
 Tel 0861 222 673 Fax (041) 581 1705
 E-Mail Address: ballast@intekom.co.za

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| BROKERS AUTHORITY CLIENT CONSENT TO OBTAIN INFORMATION AND REVIEW SHORT TERM INSURANCE PORTFOLIO | X |
| BROKERS APPOINTMENT CLIENT APPOINTS BALLAST INSURANCE BROKERS TO HANDLE SHORT TERM INSURANCE PORTFOLIO | |

*** Please mark with a " X " where applicable. ***

| | | | | | | | | |
|-------------------|-----|--|--|-------|--|--|------|--|
| FULL NAME | | | | | | | | |
| IDENTITY NUMBER | | | | | | | | |
| PERSONAL CAPACITY | YES | | | NO | | | | |
| REPRESENTING | | | | | | | | |
| POSTAL ADDRESS | | | | | | | CODE | |
| | | | | | | | | |
| CONTACT DETAILS | H | | | W | | | F | |
| | C | | | EMAIL | | | | |

*** Please mark with a " X " where applicable. ***

I ACKNOWLEDGE THE FOLLOWING:

1. APPROPRAITE FINANCIAL ADVICE CAN ONLY BE FURNISHED AFTER FULL AND PROPER DISCLOSURE OF RELEVANT PERSONAL AND PRIVATE INFORMATION ABOUT THE CLIENT;
2. SUCH INFORMATION IF FURTHERMORE REQUIRED TO ACQUIRE, MAINTAIN AND SERVICE ANY SHORT TERM INSURANCE PRODUCT OR TO RENDER RELATED INTERMEDIARY SERVICES.
3. MY/OUR INTERESTS WILL BE BEST SERVED FOR STATED PURPOSES IF ANY AND ALL INFORMATION IS PROVIDED BY AN AUTHORISED FINANCIAL SERVICES PROVIDER.

I/WE HEREWITH GIVE CONSENT TO THE FINANCIAL SERVICES PROVIDERS LISTED BELOW TO RELEASE SUCH INFORMATION DIRECTLY TO BALLAST INSURANCE BROKERS SO THAT THEY MAY REVIEW MY SHORT TERM INSURANCE PORTFOLIO.

| INSURANCE COMPANY | POLICY NUMBER |
|-------------------|---------------|
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I/WE CONFIRM THAT BALLAST INSURANCE BROKERS WILL BE ACTING ON MY BEHALF AND I/WE HEREBY WAIVE ANY RIGHT TO PRIVACY FOR THE STATED PURPOSE. ALL INFORMATION SO OBTAINED MUST BE TREATED AS CONFIDENTIAL BY BALLAST INSURANCE BROKERS AND MAY NOT BE MADE PUBLIC IN ANY WAY WITH MY/OR WRITTEN CONSENT.

THIS CONSENT WILL REMAIN EFFECTIVE UNTIL CANCELLED BY ME/US IN WRITING.

SIGNED AT _____ THIS _____ DAY OF _____ 20__

SIGNATURE OF CLIENT



TRUSTEES: Gail De Zitter MA., AIISA, James Scallan

"The Ballast Trust" (IT 1768/96) Trading as Ballast Insurance Brokers, Vat Registration Number: 4360163366
 Professional Indemnity Policy Number 05/27407SP (Santam Limited) / Authorised Financial Service Provider - FAIS Licence Number 16925