

DISCLOSURE NOTICE

TO BE SIGNED BY CLIENT

UNIT 11, FERNDAL MEWS NORTH, 355 OAK AVENUE, RANDBURG 2194
 PO BOX 257, RANDBURG 2125 / PHONE 011 326 1001 / FACSIMILE 011 326 1076
 EMAIL SALES@JOHNROE.CO.ZA / FAX-TO-EMAIL 086 657 6305

JOHN ROE | BROKERS

JOHN ROE BROKERS CC
 CK2003/038839/23 VAT NO. 4710220130 / FSB LICENCE NO. 3803
 DIRECTORS - JONATHAN ROSEN



AS A PROSPECTIVE POLICY HOLDER YOU HAVE THE RIGHT TO THE FOLLOWING INFORMATION DISCLOSURE	YES / NO
1. HAS INTERMEDIARY EXPLAINED THE PURPOSE OF HIS / HER CALL?	
2. HAS INTERMEDIARY PROVIDED DISCLOSED / SHOWN HIS / HER FULL NAME WITH TITLE AND DESIGNATION, OFFICE DETAIL (PHYSICAL & POSTAL ADDRESS) TELEPHONE AND ELECTRONIC CONTACT DETAILS AND RELEVANT MANDATE TO YOU EITHER BY MEANS OF A BUSINESS CARD OR ANY OTHER MEANS?	
3. HAS THE INTERMEDIARY INFORMED YOU WHETHER OR NOT A FEE IS PAYABLE FOR THE FINANCIAL ADVICE PROVIDED BY HIM / HER?	
4. HAS THE INTERMEDIARY TAKEN YOUR CIRCUMSTANCES INTO ACCOUNT IN ORDER TO SATISFY YOUR FINANCIAL NEEDS?	
5. HAVE YOU ACCEPTED THE RECOMMENDATION LEADING FROM THIS FINANCIAL NEEDS ANALYSIS?	
6. IF NO, IS IT DUE TO AFFORDABILITY, INSURABILITY, PRIORITIES OR COMPANY PREFERENCES?	
7. OTHER REASON (IF OTHER REASON, PLEASE STATE IN THE SPACE PROVIDED BELOW)?	

APPLICATION STAGE	YES / NO
1. HAS THE INTERMEDIARY DISCLOSED THE NAME AND CLASS AND TYPE OF POLICY, PREMIUM, TYPE AND EXTENT OF BENEFITS, CLAIMS NOTIFICATION, PROCEDURES, COMMISSION AND REMUNERATION PAYABLE TO THE INTERMEDIARY AND COSTS, CANCELLATION CLAUSE, FULL REGISTERED NAME AND ADDRESS OF INSURER AND THE NAME AND THE DETAILS OF COMPLIANCE OFFICER OF INSURER?	
2. HAS THE INTERMEDIARY PROVIDED YOU WITH A QUOTATION OR OTHER DOCUMENT(S) CONTAINING DISCLOSURES IN RESPECT OF THE POLICY BEING APPLIED FOR INCLUDING A FULL EXPLANATION OF THE 30-DAY COOLING OFF PERIOD?	
3. HAVE YOU ACCEPTED AND SIGNED THE QUOTATION AND FULLY COMPLETED APPLICATION FORM?	
4. IF NO, ARE YOU FULLY AWARE OF THE IMPLICATIONS OF NOT ACCEPTING THIS PROPOSAL FOR YOUR INSURANCE NEEDS?	

RECORD OF FINANCIAL ADVCE
DESCRIBE THE FINANCIAL NEED IDENTIFIED

RECORD OF FINACIAL ADVCE CONTINUED

DESCRIBE THE TYPE OF PRODUCT IDENTIFIED TO SATISFY THE NEED

DESCRIBE WHY THIS IS THE MOST APPROPRIATE PRODUCT

YES / NO

THE CLIENT CONFIRMS THAT HE UNDERSTANDS THE ADVICE THAT WAS GIVEN TO HIM / HER?

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DID THE BROKER PRESENT HIS / HER SECTION 13 CERTIFICATE?

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DECLARATION

WE HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATELY REFLECTS THE FULL CONTENT OF THE FINANCIAL ADVICE PROVIDED

CLIENT NAME & SURNAME

CLIENT SIGNATURE & DATE

INTERMEDIARY NAME & SURNAME

INTERMEDIARY SIGNATURE & DATE