



RI Financial Management Services (PTY)

Reg No: 2012/217084/07

FSP No: 47004

LETTER OF AUTHORITY & INVESTIGATION

CLIENT INFORMATION:

FULL NAMES:	SURNAME:
MAIDEN NAME:	KNOWN AS:
DATE OF BIRTH:	ID NUMBER:
PASSPORT NUMBER:	CITIZENSHIP:

CONTACT INFORMATION:

WORK:	HOME:
EMAIL:	CELL:
POSTAL ADDRESS:	PHYSICAL ADDRESS:

ON BEHALF OF:

COMPANY:	CIPC REF:
TRUST OR ESTATE:	REF NUMBER:

I ACKNOWLEDGE THE FOLLOWING:

Sound and proper financial advice can only be provided with full disclosure of relevant information for the purpose of determining and advising on my financial situation and financial product experience and objectives. I also understand that RI Financial Management Services (PTY) Ltd must comply with FICA and POPI.

I ACCORDINGLY CONFIRM:

I did receive a copy of RI Financial Management Services (PTY) Ltd, Introduction and Disclosure Document and that it is also available on their website, www.rifinservices.co.za.

I ACCORDINGLY CONFIRM – FICA:

My PEP Status-Politically Exposed persons, Domestic Prominent Influential Persons, Foreign public Officials. **I AM** identified and/or is a close associate, family member or in a relationship with a Politically Exposed Person, or Prominent Person. YES NO

I AM a beneficial owner within a legal entity (company) directly or indirectly YES NO

I ACCORDINGLY CONFIRM POPI:

RI Financial Management Services (PTY) Ltd understand that my personal information is important to me and that I may be apprehensive about disclosing it.

RI Financial Management Services (PTY) Ltd understand the importance and RI Financial Management Services (PTY) Ltd are committed in safeguarding my information and will process my information in a lawful manner.

RI FINANCIAL MANAGEMENT SERVICES – POPI NOTICE AND CONSENT

We also want to make sure that you understand how and for what purpose we process your information. If for any reason you think that your information is not processed in a correct manner, or that your information is being used for a purpose other than that for what it was originally intended, you can contact our Information Officer. You can request access to the information we hold about you at any time and if you think that we have outdated information, please request us to update or correct it.

PURPOSE FOR PROCESSING YOUR INFORMATION

We collect, hold, use, and disclose your personal information mainly to provide you with access to the services and products that we provide. We will only process your information, for a purpose you would reasonably expect, including:

- Providing you with advice, products and services that suits your needs as requested.
- To verify your identity and to conduct credit reference searches.
- To issue, administer and manage your insurance policies.
- To notify you of new products or developments that may be of interest to you.
- To confirm, verify and update your details.
- To comply with any legal and regulatory framework.

Phone Number:087 086 1199

E-mail address: ilse@rifin.co.za

Web address: www.rifinservices.co.za

PTN 2, Farm Spokie, Hekpoort

Magalies, 1790

Director: IA de Klerk



Some of your information that we hold may include: your first and last name, email address, a home, postal or other physical address, other contact information, your title, birth date, gender, occupation, qualifications, past employment, residency status, your investments, assets, liabilities, insurance, income, expenditure, family history, medical information, and your banking details.

CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION

We may need to share your information to provide advice, report analyses, product, or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as us. Your information may be hosted on servers managed by a third – party service provider, which may be located outside of South Africa.

DISPOSAL OF PERSONAL INFORMATION

All your personal information will be disposed of at the end of the applicable retention period and in such way that it cannot be reconstructed.

I HEREWITH GIVE CONSENT:

For the purpose of providing the said sound and proper financial advice to me, that full permission and authority is granted to :

RI FINANCIAL MANAGEMENT SERVICES (PTY)LTD FINANCIAL SERVICES PROVIDER - FSP WITH REGISTRATION NUMBER 47004 PTN 2 Farm Spokie, Hartebeesfontein, Hekpoort 087 086 1199 Key Individual – Ilse de Klerk	Employees Ilse de Klerk - Hennie Steyn- Martie Bodenstein- Ruanda Viljoen-	ilse@rifin.co.za hennie@rifinservices.co.za admin@rifin.co.za ruanda@rifinservices.co.za
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TO ALL relevant Financial Institutions, Long – Term Insurers, Short – Term Insurers, Collective Investment Schemes, Fund Managers, Pension Funds and Medical Schemes with whom I do have a policy, investment, account, or contact, to release my information to above mentioned, to enable RI Financial Management Services (PTY) Ltd to provide me with advice and investigate my current portfolio and suitability.

I also consent for RI Financial Management Services (PTY) Ltd to utilize The Financial Services Exchange (PTY) Ltd, trading as **ASTUTE**, to be used in gathering my information from product providers through a mechanism for the transmission of such information YES NO

I also consent for RI Financial Management Services (PTY) Ltd to utilize **Lexisnexis (Verify & Search Solutions), WinDeed & WinCredit** in gathering my information relating to my FICA Verification, Valuations, Consumer Credit Information, and other search options with the mentioned service providers. YES NO

LexisNexis criminal background check requires a separate form.

In relation to **short-term services**, I give consent that an ITC (Consumer Credit Information) and ENATIS checks may be performed. YES NO

I also give consent/authorisation to RI Financial Management Services (PTY) Ltd to obtain my short-term Portfolio which would include:

- Full set of my current schedule/s.
- Claims/loss history reports.
- Renewal terms/rates/premiums/ excesses.

To the best of my knowledge, I have policies, investments, accounts, or contracts with:

Place of signature: _____ Date of signature: _____

Signature _____