Mooirivier Mediese Fondse (Pty) Ltd
Reg No: 2018/417415/07
(Directors:
E Schoch & SC Van Staden)

MOOIRIVIER™
MEDIESE FONDSE • MEDICAL AID

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CLIENT NON-ADVICE DECLARATION

I, the undersigned, confirm that I require financial advice and/or a financial product regarding my financial provisions, from the following Financial Services Provider (FSP):

Mooirivier Mediese Fondse PTY LTD is an authorized Financial Services Provider – FSP 43939
represented by

SC Van Staden 6704040001084
_____, ID _____

I confirm having been informed that a FSP must, prior to providing a client with advice and/or selling a product, obtain from the client appropriate and available personal and financial information and conduct an analysis, based on that information, for purposes of the advice, and, take reasonable steps to ensure that the client understands the advice and/or product and that the client is in a position to make an informed decision.

However, I confirm that I do not want such a financial needs analysis because I know which type of product and/or product I need.

I confirm having been duly and properly advised of the full implications of my actions and having considered same, I hereby declare that I know:

as a full analysis could not be undertaken that there may be limitations on the appropriateness of the advice; I must carefully consider whether the advice on its own is appropriate considering my financial needs, objectives, and situation; to prevent the risk of concluding a transaction that is not appropriate to my financial needs, objectives and circumstances, I should obtain a full financial needs analysis.

Client:

_____ _____
Full Name in Print ID Number

_____ _____
Signature Date

On behalf of Mooirivier Medies:

_____ _____
Full Name in Print ID Number

_____ _____
Signature Date