

Please email your form to alfie@uns.co.za or Contact me 079 403 2956 for an appointment

FINANCIAL SERVICES PROVIDER (FSP) CLIENT DISCLOSURE

The purpose hereof is to introduce myself, Alfie Grobler as a representative under supervision of **All In One Brokers cc** and to furnish you with prescribed information about myself and the FSP.

Business Details		License number	30554
FSP name:	ALL IN ONE BROKERS CC		
Postal address:	Postnet Northcliff, Suite 66,		
	Private Bag X 17,		
	Weltevreden Park, 1715		
Business address:	Prosper House,		
	4 Edward Street,		
	Roodepoort, 1724		
Tel. No:	087 330 2372		
Fax. No:	TBA		
Cell phone No:	079 403 2956		
e-mail address:	alfie@uns.co.za		
Website address:	www.ai1.co.za		

Legal Status		Licensed Financial Services:		
The FSP's Legal Status is:		I am authorised to provide the following advice, products/intermediary services:		
Sole Proprietor	<input type="checkbox"/>		A	I
Partnership	<input type="checkbox"/>	1.1 Long-term insurance category A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Close Corporation	<input checked="" type="checkbox"/>	1.2 Short-term insurance personal lines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Company	<input type="checkbox"/>	1.3 Long-term insurance category B1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trust	<input type="checkbox"/>	1.4 Long-term insurance category C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance Officer Contact Details:		1.5 Retail pension benefits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance Officer:	Masthead Distribution Services (Pty) Ltd	1.6 Short-term ins. commercial lines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical address:	22A Forest Ridge Woodlands office Park Woodmead	1.7 Pension fund benefits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Postal address:	PO Box 856 Howard Place 7450	1.14 Collective Investment Schemes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tel. No:	021 686 3588	1.20 Long-term insurance category B2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fax. No:	021 686 3589		<input type="checkbox"/>	<input type="checkbox"/>
Fit & Proper Qualifications & Experience:				

Additional Information

We remind you that all material facts must be accurately and properly disclosed
 We reserve the right to charge a fee for our services, at an hourly rate of R400.00
 Please note that we are bound by anti-money laundering legislation that requires the reporting of suspicious and unusual transactions to the Financial Intelligence Centre.

Important Notice:

A copy of the compliant resolution guidelines forms part of this document. You are hereby advised and cautioned that no person acting on behalf of the FSP may in the course of the rendering of a financial service request you to sign any written or printed form or document unless all details required to be inserted thereon by you or on your behalf have already been inserted. You are hereby advised that no person may ask you or offer any inducement to you to waive any right or benefit conferred on you by or in terms of any provision of the General Codes of Conduct. A copy of the Code of Conduct is available on request.

<i>General</i>		<i>Product Suppliers</i>
I have a personal interest in the financial service provider	Yes	I am accredited and have contracts to market the products of the following product suppliers: -
Is there any conflict of interest?	No	ALTRISK ABSA AIG ASSOCIATED MARINE AUTO & GENERAL BONITAS BROLINK CAMARGUE CCIRC CIB CROSS COUNTRY CORPORATE SURE DENTAL AND HEALTH INSURANCE DISCOVERY HEALTH DISCOVERY INSURE DISCOVERY LIFE EXECULINE FACTORY AND INDUSTRIAL FEDHEALTH FIRST FOR WOMAN FSP HCV HIC HOLLARD DIRECT HOLLARD (ORA) KING PRICE LEPPARD UNDERWRITER LIBERTY LIFE LINXMERCEDES MIRABILIS MEDIHELP MI-WAY MOMENTUM HEALTH MOMENTUM LIFE MOMENTUM SHORTTERM MUA MULTIRISK PERCOM MUTUAL AND FEDERAL NEW WHEELS EXECULINE OAKHURST OLD MUTUAL ONE SURE PALADIN PPS PROFMED QUICKSURE REGENT SANLAM SANTAM SASFIN SAU SHA SPECTRAMED TURNBERRY UNITY VIRSEKER
I hold directly /indirectly more than 10% of any of the product supplier's shares	No	
I have a substantial interest in any product supplier	No	
I have received during the preceding 12 months more than 30% of the total remuneration from the following product suppliers below:		
Life		
Specific Exemption/s granted:	No	
I am required to render the service under supervision:	No	
Indemnity Cover held?	Yes	

Broker Declaration:

I, **Alfie Grobler**, hereby confirm that I am a Representative of **All In One Brokers CC**. I declare that I have acquainted myself thoroughly and comply with all the requirements as set out in the **FAIS Act No. 37 of 2002** as well as subordinate legislation.

Signature of Representative

Signature of Key Individual

Client Declaration

I, _____ / the undersigned, hereby acknowledge receipt of the 'Disclosure to Client' letter and the 'Statutory Notice'.

Signature of Client

Date

Short Term / Commercial Insurance

Client name: _____ **Representative :** **Alfie Grobler**

Date of Advice: _____

In terms of the Financial Advisory and Intermediary Services Act we are required to provide you the client with a Record of Advice. This document is intended as a confirmation of the advisory process that you recently undertook with your advisor. If you have any questions in respect of the content, please contact your advisor. You are entitled to a copy of this document for your own records.

Section A: Summary of information

Section B:				
COVER	COVER DISCUSSED	COVER TAKEN	COVER NOT TAKEN	REMARKS
PERSONAL				
Home Owners				
Household Content				
All Risk – Unspecified				
All Risk – Specified				
Motor				
Personal Liability				
Other				
EXCESS PAYMENTS				
REMARKS:				
<small>IMPORTANT NOTICE: The value placed on insured items, are values placed on it by you, the client. I, the broker, am not a valuer. Any values which I mention are estimated values based on my experience and could only be seen as an opinion and not a proper valuation. Where values for cars are quoted, it is values as looked up in the Auto Dealer's Digest, and only serves as a guideline. Make sure that you take into account the value of all accessories to/in the car. The responsibility still lies with you to ensure that the correct values are placed on the insured items, and I accept no responsibility in this regard.</small>				
SIGNATURE: Alfie Grobler			SIGNATURE: CLIENT	

Section C: Client Declaration

(Please note that it is of utmost importance that you read this section carefully and understand it fully. All blocks must be correctly initialled)

	<i>Initial</i>
I confirm that a Contact Stage Disclosure letter, setting out the Financial Advisor's particulars, has been made available to me.	
I confirm that all required documents were fully completed prior to my signing them.	
The quotation(s) for the product(s) selected was shown to me and the principal terms and conditions have been explained to me. I have been informed of and understand all costs, charges, penalties, where applicable.	

General Comments:

<i>Client Signature:</i>	<i>Representative Signature:</i>
<i>Client Name:</i>	<i>Representative : Alfie Grobler</i>
<i>Date:</i>	<i>Date:</i>