



**All In One
Brokers**

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For A Complete Portfolio Management Solution

INSURANCE / ASSURANCE / INVESTMENTS / HEALTH

www.allinonebrokers.co.za

Authorised Financial Service Provider | FSP: 30554

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Please email form to alfie@uns.co.za or give me a call for an appointment

Letter Of Authority

I, _____, and spouse _____ (Full Names), with the following Identity Number _____ (Client), _____ (Spouse), hereby give **Alfie Grobler**, from ALL IN ONE BROKERS, FSP NO 30554 full authorization to request and review my insurance- (Short term and Long term), funeral cover- and medical aid portfolio,

And acknowledge that sound and proper financial advice can only be provided with full disclosure of relevant information relating to appropriate personal, including private, information for the purposes of determining and advising on my/our financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution;

My/our interests shall be best served if that information is made available to authorized financial service providers with a legitimate interest in receiving such information for those purposes.

I/we accordingly confirm, for the purposes of providing the said sound and proper financial advice to me/us in writing.

Companies

Broker Code

Policy/Membership numbers

This done and signed at _____ on this _____ day of _____ 20__.

Signature of Client

Signature of Spouse