



Stand No. 7
Molefe Makinta Highway
Hebron
0193

Office: +27 12 701 4670
Mobile/WhatsApp: +27 84 456 5410
E-mail: info@hkmiab.co.za
Web: www.hkmiab.co.za

Note: Only to be completed if you want us to assist with any of the other areas that you are concerned about or for us to become your Financial Planner on record with the listed Product Providers

Letter of Authorisation

1. Authorisation to request information

I, the undersigned :
Identity number :
Mobile/Tel number :

hereby authorize **HK Mathekga Insurance & Assurance Brokers Cc (HKMIAB)** or any member of its staff to obtain any information on my behalf regarding my assurance and/or investment and/or retirement portfolio, and any of my employee benefits from any life office, retirement fund or other financial institution directly, or by using the services of The Financial Services Exchange (Pty) Ltd trading as Astute. I hereby give consent to any financial institution or employer in possession of information regarding my insurance, investment and employee benefits portfolio to release that information upon request directly to the person who is in terms of this document authorised to request it, or to the authorised person via Astute. For this purpose, I confirm that the authorised person is acting on my behalf and/or in my interest. I/we confirm that the authorised user(s) will be acting on my/our behalf and I/we hereby waive any right to privacy only for the stated purpose. All information so obtained must be treated as confidential.

This authorisation shall remain valid until cancelled by me in writing.

Client signature: date: (dd/mm/ccyy)

2. Appointment of new official care intermediary

I further request the financial institutions with whom HKMIAB has a sales agreement, to indicate him/her on their records as my official care intermediary. I have been properly counselled on the consequences of this letter of appointment. The appointment may be revoked by me in writing at any time.

Client signature: date: (dd/mm/ccyy)

3. Intermediary information

Name: **HK Mathekga Insurance & Assurance Brokers Cc**
Code: **Allan Gray D4113 / Momentum 781031 / Old Mutual 725625**
Mobile/WhatsApp **+27 84 456 5410**
Email **admin@hkmiab.co.za**

NOTE: Any changes must please be initialled by the client.



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CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT is entered on (dd/mm/ccyy)

BETWEEN: HK Mathekga Insurance and Assurance Brokers CC
Stand No. 7
Molefe Makinta Highway
Hebron
0193

AND:

Address:

Postal Code:

We agree that we shall not during our relationship or after its termination (however caused), disclose or use in any manner whatsoever, any confidential knowledge, information, intellectual property or any financial trading information relating to either party or to any former or existing employee and/or client of either party.

It is agreed that such information can only be disclosed if ordered by a court of competent jurisdiction or by either party's request and only in a manner consistent with such order.

About either party supplying information, copies of documents etc. during the two parties' involvement, both parties hereby confirm as follows: -

1. That all information, whenever disclosed by either party to the other party, shall remain the property of the disclosing party.
2. Either party will not use the information disclosed by the other for any purpose other than about the two parties' involvement. Either party shall keep all disclosed information secret and confidential. Either party shall not without consent of the disclosing party communicate or allow to be communicated any confidential information to anyone, except as otherwise authorised by the disclosing party.
3. Both parties confirm their acceptance of the retention by each party of all each party's existing rights and patents.
4. This agreement shall not apply to any information which was in either party's possession prior to the time of disclosure; in the public domain prior to disclosure; becomes part of the public domain not due to any unauthorised act or omission on either party's part; or, is supplied to the party by a third party as a matter of right.

Client (signature)

Authorised Person (signature)

Print name of signatory

Date:

Print name of signatory

Date: