CLIENT CONSENT FORM

I, _____
(full names)

Identity number: _____

confirm the engagement of SA Brokers Insure and Mitchell Biggas of S.A. Brokers Insure cc (FSP 47432) as my Financial Advisor.

I/ We understand and acknowledge the following:

Initial ___ ☐ - I/ We further acknowledge that this consent to obtain information on my Behalf including my last will and testament will remain effective until cancelled by me/ us in writing.

Signed at _____on this _____ day of _____ 20___.

_____

Signature of Client

SA Brokers Insure CC
Mitchell Biggas
Assisted by Candace Brits and the SA Brokers Insure admin team
Contact number 031-502 2059 / 2108 / 2098