



RECORD OF ADVICE

CLIENT NAME: _____

DATE: _____

In accordance with section 9 of the FAIS general code of conduct, a written record of advice is required detailing a financial transaction and providing a summary and basis of the advice provided and the information and upon which an analysis was performed. Unless you advise to the contrary you confirm that the information stated in this record of advice is correct.

The proposed solutions to my needs have been explained to me in a manner that I understand. The following is a summary of recommendations made by the advisor, and the reason for the advice. I confirm that this fulfils my financial requirements as per the mandate agreed to.

FINANCIAL SITUATION AND EXPERIENCE OF CLIENT, INCLUDING PRIORITIES		
Inexperienced <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
SUMMARY OF RECOMMENDATIONS AND REASONS FOR ADVICE		
REASONS WHY RECOMMENDATION WILL SATISFY NEED		
PRODUCT AND PRODUCT PROVIDER RECOMMENDED, AND ACCEPTED. REASON AND DETAIL (IF IMPLEMENTATION DIFFERS FROM PROPOSED SOLUTION e.g. COUNTER OFFER, AFFORDABILITY)		

The recommendations are are not a replacement.

(A replacement constitutes any change in an existing policy after taking a new policy and where the change is as a result of the new policy. Should there be a replacement, I am aware of all the implications and have read and understood and signed and received a fully completed replacement form as part of this record of advice.

Initial : _____

Postal Address.
Postnet Suite #L19
Private Bag X37
Lynnwood Ridge
0040

Physical Address.
Unit 52, Block 4
Lombardy Business Park
Corner of Cole and Graham
Road

Telephone.
012 809 1062 / 078 460 3114
Facsimile.
012 809 1072 / 0866 909 971

email.
scottpm@firstinternational.co.za
web.
www.firstinternational.co.za

Authorised Financial
Services Provider.
License number 16438

Reg number.
1945/019293/07

VAT number.
4110227818

Directors.
Mrs. Patrizia Scott MD
Dr. Gerrit Sandrock

RECORD OF ADVICE



COMPLIANCE WITH THE REQUIREMENTS OF THE FAIS CODE OF CONDUCT	CONFIRM
I understand that whatever advice implemented here may impact on my broader financial objectives, financial situation and particular situation. Where an analysis has not been performed due to information or time constraints, I understand there may be limitations on the appropriateness of the advice given and shall take particular care in product selection.	
I warrant that any assumption made by the advisor, such as inflation rates and rates of return have been disclosed to me, and that I accept that these assumptions are reasonable.	
A risk profile has <input type="checkbox"/> has not <input type="checkbox"/> been completed and I agree with and understand my risk rating.	
I am aware that the accuracy and completeness of the information provided remains my responsibility, and am aware that material non-disclosure could result in claims repudiation and loss of benefits.	
I understand that compliance with the Financial Intelligence Centre Act is required, and have provided all required information and documentation.	
I have seen and read a copy of the advisor's Statutory disclosure and am satisfied that he/she is accredited and authorized to market the products recommended.	
The advisor spent time in obtaining information from me in accordance with section 8 of the general code of conduct, in order to conduct an analysis and provide appropriate advice.	
The proposed solutions to my needs have been explained to me in a manner that I understand.	
In respect of the summary of recommendations made by the advisor, and the reason for the advice, I confirm that this fulfils my financial requirements as per the mandate which I have given the advisor.	
The products proposed have been fully explained to me in a manner that I understand. Benefits, exclusions, definitions and limitations in particular, together with the other Code of Conduct product disclosures such as tax implications, realisability of funds, investment risk, performance, underlying investment instruments, fees, charges and commissions have been explained to me in a manner which I understand as to allow me to make an informed decision.	
Separate disclosure of fees / charges, including the amount and frequency thereof, the recipient, services for which each fee was charged (investments: frequency, performance measurement period and benchmarks of performance related fees). Platform fees are <input type="checkbox"/> are not <input type="checkbox"/> applicable and have been disclosed to me.	
Prior to providing of effecting the required insurance policy I was given the notice of freedom of choice entitlements; and I have exercised that freedom of choice' and I have not been coerced or induced in any way in the exercising of my freedom of choice or any other right.	
I confirm that the application form and/or any other documentation (including this document) was fully completed before I signed it, and I ensured that all information contained within such documentation was to the best of my knowledge both true and correct.	
I confirm that I have received a copy of this record of advice	

SIGNED ON (DATE) _____ AT (ADDRESS) _____

SIGNATURE _____ FULL NAME _____