

General

1. We have no personal interest in the Product Suppliers.
2. We do not hold directly or indirectly more than 10% of any product suppliers' shares.
3. There is no conflict of interest.
4. We have received more than 30% of our total remuneration from a single supplier.
5. We have not had conditions or restrictions imposed by any product supplier with regard to the types of financial products or services that we provide.
6. We do hold Professional Indemnity Cover.

Warning

- A. Do not sign any blank or partially completed application form.
- B. Complete all forms in ink.
- C. Keep all documents and request copies of applications made by telephone logging.
- D. Make notes of what is said to you.
- E. Don't be pressurized to buy the product.
- F. Incorrect or non-disclosure of relevant facts by you may influence an insurer when dealing with any claims arising during the contract period of insurance

Record of Advice

Client Particulars

Name:

Company Registration Number:

VAT Number:

Telephone Number:

Cell Number:

Fax Number:

E-mail Address:

Physical Address:

Postal Code:

Postal Address:

Postal Code:

Full Business Description:

Information Used for Advice

The advice that we have provided to assist you in determining the products best suited to your insurance needs are based on:

1. Information detailed in your current insurance portfolio.
2. The history of your previous insurance portfolio including claims and losses whether insured or not.
3. The risks identified in the financial needs analysis.
4. Your specific objectives or requirement in seeking the insurance cover quoted for.

Information of chosen insurance product

Commercial Lines Insurance

Summary of Cover Available & Offered	Yes No			Sum Insured	Premium	Sign
Fire & Allied Perils	Yes		No			
Buildings Combined	Yes		No			
Office Contents	Yes		No			
Business Interruption	Yes		No			
Accounts Receivable	Yes		No			
Theft	Yes		No			
Money	Yes		No			
Glass	Yes		No			
Fidelity Guarantee	Yes		No			
Goods in Transit	Yes		No			
Business All Risks	Yes		No			
Accidental Damage	Yes		No			
Liabilities	Yes		No			
Employers Liability	Yes		No			
Stated Benefits Group Personal Accident	Yes		No			
Electronic Equipment	Yes		No			
Motor	Yes		No			
Motor Traders - External Risk	Yes		No			
Motor Traders - Internal Risk	Yes		No			
Machinery Breakdown	Yes		No			
SASRIA	Yes		No			
Other	Yes		No			
				Monthly Fee		
				Total Monthly Debit		

Advisor Declaration

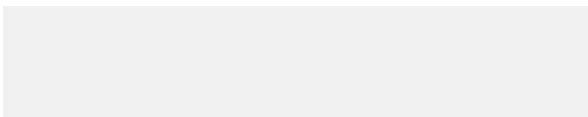
In terms of Rule 12.4 of the Policy Protection Rule published under Section 55 of the Short-term Insurance Act Nr.53 of 1998, we, as the Broker, are obligated to inform you as our client of the broker fee that is included in your total policy premium.

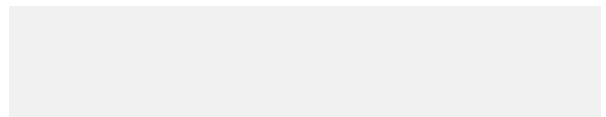
The broker further confirms:

1. That the functions chosen below do not constitute intermediary services or services already remunerated by the insurer.
2. We have informed the policyholder of the functions and fees associated with them. The policyholder was given the opportunity to accept or decline the functions and fees associated with them, and if accepted by the policyholder, it may be cancelled at any time.
3. That upon the policyholder agreeing to be charged a broker fee, the broker has concluded with the policyholder an agreement allowing the policyholder to be charged the additional broker fee and can be opted out at any time.

Range of Professional Services:

- Risk Management Advice
- Travel and Consultation
- Surveys, which include the following:
 1. Conduct surveys of the building.
 2. Inspection of commercial buildings/premises in order to conduct risk assessments.
 3. Onsite visits with the assessors when required or when deemed necessary.
 4. Onsite visits when requested and with renewal of the policy.
 5. Facilitating non-insurance value-added products.
 6. Arranging and assisting with valuations with suitable professionals.
 7. Obtaining quotes from external parties to prepare and process claims on the client's behalf.
 8. Arranging and collecting salvageable items in the event of a claim.
 9. Providing assistance to the client by arranging for towing or any breakdown services when any emergencies arise.
 10. Obtaining additional written information and/or documentation to assist the client in the event of a motor vehicle accident, such as witness statements and the Accident Report.
 11. Assisting the client in preparing any documentation to be submitted for the purpose of lodging an appeal or complaint to either the Insurer or the relevant Ombud.
 12. Dealing with non-insured third parties in the processing of a claim and obtaining relevant information and documentation
 13. Arrange car hire for the client following a motor vehicle accident and follow up on the progress of the repair work.
 14. Recovery of additional costs incurred to determine the retail value of the motor vehicles.
 15. After-hour services.


Signature of Financial Advisor


Date

Consent and Appointment

I | We,  With ID | Company Reg. Number  Acknowledge that:

- i. Sound and proper advice can only be provided with full disclosure of relevant information relating to appropriate Commercial, including private, information for the purposes of determining and advising on My | Our financial situation and financial products, experience, and objectives in the process of acquiring, servicing or maintaining any financial products, including any short-term insurance policies with any short-term insurer or other financial institution.
- ii. My | Our interest shall be best served if that information is made available to the DCI Risk Management who have a legitimate interest in receiving such information for those purposes.

I | We therefore confirm that full permission and authority is granted to any authorized representative of the DCI Risk Management to obtain any and all such information directly from such sources or via any institution providing a mechanism for the transmission of such information.

I | We therefore give consent for the short-term insurer or other financial institution possessing such information to release such information to the said representative of the DCI Risk Management and I | We confirm that such representative shall be acting on My | Our behalf or in My | Our interest and I | We waive any right to privacy only for the purposes stated above. I | We further acknowledge that:

- a. This consent to obtain information on My | Our behalf will remain effective until cancelled by Me | Us in writing.
- b. The DCI Risk Management are appointed as My |Our intermediaries in respect of this Commercial Lines Insurance Product
- c. The DCI Risk Management is entitled to all commission and fees from this product in the future and the short-term insurer or other financial institution is authorized to transfer and pay such commission and fees to them

I | We further make the following declaration:

Did you decide to take the product with the particulars described herein and recommended by the Representative	Yes		No	
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Did you, with the advice given and product information furnished to you, make an informed decision	Yes		No	
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If not, Please provide reasons:

I | We declare that the record of advice is an accurate and complete record of the recommendations and advice received from the Representative and that it was fully explained to Me | Us.

Signatures

Client Signature	Company Stamp	Date