SILVERSPOON WEALTH MANAGEMENT (PTY) LTD

CLIENT CONSENT TO PROVIDE PERSONAL INFORMATION IN TERMS OF POPI SILVERSPOON WEALTH MANAGEMENT PTY LTD- "THE RESPONSIBLE PARTY"

Why?

- As a company that provides you with a service, we need to gather certain information to deliver that service to you. If you would like to make use of our services, we need your permission in terms of the POPI Act to process, store and share that information.
- The information we collect will depend on the reasons for which it is collected and used. This might differ in our various interactions. We will only collect information that we need for that particular purpose and no more than necessary. We'll also tell you what information you need to provide to us and what information is optional.

How?

- We will usually obtain information from you directly via different means but may from time to time also obtain publicly available information.
- Your information may be processed by third parties like regulators, our software providers, or other suppliers to ensure you get great service and may be transferred cross border, for instance where we use cloud services to store data or if one of our own service providers are situated overseas.

What?

From time to time, we may collect some of the information below, which is defined as personal information in terms of POPI. However, our specific interaction with you will detail what information we need:

- Information relating to the education or the medical, financial, criminal or employment history of the person.
- Any identifying number, symbol, email address, physical address, telephone number, location information, online identifier or other assignment to the person.
- The biometric information of the person.
- The personal opinions, views, or preferences of the person.
- Correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence.
- The views or opinions of another individual about the person; and
- The name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.
- Information relating to the race, gender, sex, pregnancy, marital status, national, ethnic, or social origin, color, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person.
- Personal information concerning a child

Your Rights

You have a right not to share the information as set out above but in that instance, we cannot offer you, our services. You may contact us to enquire what information of yours we hold. You also have the right to correct your information or to request us to delete the information unless the law states that we must hold the information. You have a right to revoke this consent. If you would like to contact us in relation to your information, please see our contact details on our website.

Complaints

You have the right to lodge a complaint to the Information Regulator at: POPIAComplaints.IR@justice.gov.za or search their office on the internet.

Declaration

I, _____ (insert personal name or company name if company), hereby provide consent to the Responsible Party to obtain my information from time to time as set out above and in any other documentation that may support this Consent Form.

Signature: _____

Name: _____

Date: _____

Client Consent

I _____ (Full names and surname)

with ID number _____ acknowledge the following:

- 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 authorised 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, that full permission and authority is granted to **Matthew Berry of Silverspoon Wealth Management (Pty) Ltd** to obtain any and all such Information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information.

I/we hereby give consent for the long-term insurer, unit trust manager or other financial institution possessing such Information to release such Information to the said Authorised User via Astute, and I/we confirm that such Authorised User shall be acting on my/our behalf or in my/our interest and I/we waive any right to privacy only for the purposes as stated above.

I/we further acknowledge that this consent to obtain information on my behalf will remain effective until cancelled by me/us in writing.

Thus, done and signed at _____ on this _____ day of_____ , 20_____

_____	_____	_____
Signature of Client	Cell Number	Email

Introduction Disclosure

1. FSP Information

I am currently contracted to **Silverspoon Wealth Management (Pty) Ltd** (an Authorised Financial Services Provider – FSP **50281**) as a Representative, where I am able to assist my clients with a complete range of products and services. See more disclosure information on the FSCA website about our FSP.

2. Key Individual/Management of the FSP

Name: MATTHEW ROBERT BERRY **Contact No: 079 838 6514**
Email address: matt@silverspoonwealth.co.za **Office:** 12 Nel Street, Nelspruit, 1201

3. Representative of FSP

Representative: MATTHEW ROBERT BERRY **Contact No: 079 838 6514**
Email address: matt@silverspoonwealth.co.za

Status:
☒ Fully qualified ☐ Under Supervision **Supervisor: NA**

The FSP certifies that the above-mentioned person is registered as a representative and has a service contract to represent the FSP. The FSP accepts responsibility for the activities that the abovementioned representative performs within the scope of his/her service contract. The FSP is satisfied that the representative is competent to act when rendering financial services on behalf of the FSP, taking into consideration the personal character qualities of honesty and integrity, competence and operational ability, as defined in the Fit and Proper requirements of FAIS.

4. External Compliance Officers

Company: Horizon Compliance (Pty) Ltd **Approval No:** 6870 **Contact No:** 071 330 6702
Email address: hello@horizoncompliance.co.za
Company Address: 1st Floor, The Village, Cnr of Hazelwood Street & 16th Street, Hazelwood, Pretoria

Representative Initial _____

Client initial _____

5. Authorisation to Provide Financial Services

The license authorises the licensee to carry on business as a financial services provider for Category 1 services:

Sub-categories	Advice	Intermediary Services	Under Supervision
Health Services Benefits			
Long-Term Insurance subcategory A	x	x	
Short-Term Insurance Personal Lines	x	x	
Long-Term Insurance subcategory B1	x	x	
Long-term insurance subcategory B2	x	x	
Long-term Insurance subcategory B2-A			
Long-term Insurance subcategory B1-A			
Short-term Insurance Personal Lines A1			
Long-Term Insurance subcategory C	x	x	
Retail Pension Benefits	x	x	
Short-Term Insurance Commercial Lines	x	x	
Pension Funds Benefits	x	x	
Debentures and securitised debt			
Participatory interests in a collective investment scheme	x	x	

I have authority to sell products from the following product providers:

Discovery Life	Old Mutual	Jaltech
PPS	Momentum	Sygnia
Liberty Life	Capital Legacy	Allan Gray
Ninety-One	Stanlib	Bright Rock

6. General

The FSP is committed to following the principles of Treating Customers Fairly and adheres to the FAIS Act and the General Code of Conduct for Financial Services Providers and Representatives.

The FSP holds appropriate professional indemnity insurance cover.

A Complaints and Conflict of Interest Policy is in place and is available at your request.

No specific exemptions or the existence of any exemptions has been granted or made by the registrar with regard to any matter covered by the act, concerning the abovementioned financial services provider.

Representative Initial _____

Client initial _____

7. FAIS Ombud Details

Long-Term Insurance:

Telephone:	012 762 5000	**Email:**	info@faisombud.co.za
Website:	www.faisombud.co.za	**Sharecall**:	086 066 3247

Short-Term Insurance:

Telephone:	086 080 0900	**Email:**	info@faisombud.co.za
Website:	www.faisombud.co.za	**Sharecall:**	066 473 0157

8. Conflict of Interest Disclosure

Shareholding:

I and/or the FSP do not hold a shareholding of more than 10% in any other Product Provider that we are contracted to or work with.

Remuneration Profile:

In the preceding 12 months, I have received more than 30% in total remuneration from a specific product supplier: Sygnia

Representative Signature:	
Client Signature:	
Date:	

Representative Initial _____

Client initial _____