

881 Old Farm Road
Old Farm Office Park
Block D
Faerie Glen
Pretoria

No 57
2nd Avenue
Boston
Bellville
Cape Town



Reg Number: 2014 /259028 / 07
An Authorised Financial Services Provider
Level 2 B-BBEE Contributor

Office Tel: +27 [12] 111-0910

Office Fax: +27 [86] 692-7437

Website: www.xpertholdings.co.za

E-Mail: info@xpertholdings.co.za

FSP No: 51670
Accreditation No: ORG 50546
Vat No: 4930296456

CLIENT SERVICE REQUEST / CLIENT SERVICE INSTRUCTION

Introduction:

The purpose of this document is to mutually agree to the specific service that you expect from me, the advisor, and to enable me to give you a copy of this service offer.

- | | | |
|----|---|----------|
| 1. | Investment planning | Yes / No |
| 2. | Planning with reference to your Long-term insurance needs | Yes / No |
| 3. | Health service benefits (Medical aid) | Yes / No |
| 4. | Short term insurance benefits | Yes / No |
| 5. | Other, such as a comprehensive financial analysis: _____ | |

The client confirms that he/she received the necessary business information of the advisor.

The advice and/or intermediary service offered by the financial services provider in terms of this request or instruction is limited to the request or instruction contained in this document. In the event that you (the client) instruct me, the adviser/intermediary, not to do a comprehensive financial needs analysis, but to render a specific financial service, you (the client) understand that:

- A full analysis will not be undertaken by the adviser, which is in accordance with your, the client's instructions;
- As a result there may be limitations on the appropriateness of the advice provided to you, the client; and
- You, the client, should take particular care to consider on your own whether the advice is appropriate considering your objectives, financial situation and particular needs.

You, the client, agree to pay me, the adviser a fee of R _____. If you agree to do the business with me, this initial fee may be waved and replaced by the fee or commission based on the financial solution that is implemented. Alternatively, you agree to pay me an amount equivalent to any commission that may be payable to the adviser/intermediary as payment for the specific advice and/or intermediary service in terms of this request or instruction, which amount will be fully disclosed to you (the client) prior to implementation of any financial solution or product. I, the financial advisor and/or intermediary, will be entitled to this agreed fee or commission, whether the policy or investment remains in force or not and whether this fee is paid to the advisor directly by the client or indirectly by a product provider, as compensation for the financial service rendered to the client.

The specific client request(s) or instruction(s) pertaining to the required financial service is/are recorded as follows:

Initials: _____

The client hereby acknowledges that he/she understands the content of this document and instructs the adviser to render the financial service in accordance with this request or instruction.

Advisor signature

Client signature

Name of advisor

Name of Client

Date of client request / client instruction: _____