



1990/034119/23

Authorised Financial Services Provider in terms of the
FAIS Act (Licence no 13296)



LETTER OF AUTHORITY

This letter allows us to get information. It is not a letter of appointment.....

This letter is a letter of appointment. The FSP is entitled to any future commission and fees.....

I _____ hereby acknowledge the following:

- sound and proper financial advice can only be provided with full disclosure of relevant Information relating to financial products.
- my interests shall be best served if that Information is made available to **Northwood Financial Services cc**.

Accordingly I give **NORTHWOOD FINANCIAL SERVICES cc** full permission:

- to obtain any and all such Information.
- I herewith give consent for the long-term insurer, unit trust manager or financial institution possessing such Information to release such Information to the said **Northwood Financial Services cc** and I confirm that the Authorised User shall be acting on my behalf or in my interest and I waive any right of privacy.
- I further acknowledge that this consent to obtain information on my behalf will remain effective until cancelled by me in writing.

The following policies are applicable:

<u>Insurance Company</u>	<u>Policy Number</u>

Signature: _____

Date: _____

My own details are as follows

Name of Insured	
Date of Birth	
Identity number	
Telephone number	()