

**Client consent to obtain information and insurance credit score**



This form allows me to get any policy and investment information on our behalf for the purpose of a financial needs analysis and comparison quotations. The form also provides Discovery insure with the consent to obtain your insurance credit score, for the purpose of underwriting and administration of your short-term insurance.

**Personal Details**

Full Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Identity Number \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Declaration of consent to obtain information**

I hereby give full consent to **André Botha** and his personal assistant **Anemi Groenwald**, to obtain any information regarding my insurance and/or investment portfolio and/or employee benefits and/or short term insurance (if applicable) from Astute or any life insurance company and/or pension fund or any other financial institution and allowing for the transmission of such information.

**Financial Adviser**  
Andre Botha  
082 783 6891  
andrebotha@10g.co.za

**Personal Assistant**  
Anemi Groenewald  
012 753 9132  
anemi@10g.co.za

**Declaration of consent to obtain insurance credit score**

I give consent to Discovery Insure Ltd to obtain my insurance credit score, and also to:

- Get information from any credit bureau about your credit worthiness for the duration of your Discovery insure plan.
- Provide information on payment history with Discovery Insure to a credit bureau.
- Share claims related information with other short term insurers, service providers and industry associations.

Discovery Insure is an authorised financial service provider. Registration number 2009/011882/06

**Terms and conditions**

- This consent to obtain information on my behalf, and to obtain my insurance credit score is valid for a period of three months, or until terminated by me in writing.
- I give up any right to privacy for the purpose of gathering financial information.
- All information will be treated as confidential by the financial service provider and my not be made public without written consent.
- When signing this application, you confirm the information is true and correct.

\_\_\_\_\_  
Client Signature

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