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Mandate

(This is a permission to access information and is not an appointment.)

I, the undersigned _____
(Full name of insured, investor and / or authorised signatory)

hereby authorise the following financial institutions (Insurer, Unit trust manager, etc.) to provide information about my interests to Investa Financial Services (Pty) Ltd, or an associated financial services provider. See "Instructions" for details. The information is required for purposes of appropriate advice.

The interests are as follows:

Investment/policy no	Institution

Name of investor/insured:

Address of investor/insured:

ID / Registration number: _____ Telephone: _____

Signature of investor, insured and/or authorised signatory

Date

Instructions to Institution(s). Please forward information to :

Authorised financial service provider:	
E Mail address:	
Fax no.:	
Telephone no.:	

Personal information

Occupation	
Gross monthly income	
Telephone number (home)	
Telephone number (work)	
Cell number	
E-mail address	
Smoker/Non-smoker	
Highest academic qualification	
Marital status-Married/Single/Divorced	
Married -COP/ANC-with/ANC-without	
Income pm of spouse (if married)	
Dependant children (number)	
Income tax number	
Specific needs	