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Associates

LETTER OF APPOINTMENT

I _____ (Initials and Surname) _____ (ID no)
_____ (Company, CC, or Trust) _____ (Reference no.)

Acknowledge that,

- sound and proper intermediary service and financial advice can only be provided with full disclosure of relevant information by myself any long-term insurer, unit trust manager or other financial institution.
- my interests shall be best served if that information is made available to an authorized financial service provider with a legitimate interest in receiving such information .

I hereby appoint Mike McBride of Michael McBride & Associates CC as my financial adviser. I understand that they may be entitled to receive review fees and or commissions on existing products. Please amend the service and commission advisor on your records accordingly. The service level agreement provides further information and mandate. This authority is to remain in force until cancelled by either party in writing.

Signed at _____ on _____ 201 _____ (Client)



*Physical address: 108 Rathfelder Avenue, Constantia, 7806
Registration no: 1995/052356/23 Vat no: 4910155391
Authorised Financial Services Provider. Financial Services Board no: 3443
Member: Mike McBride*

