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Associates

LETTER OF INVESTIGATION

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 confirm that permission and authority is granted to, Mike McBride and employees of Michael McBride & Associates CC, to obtain any and all such information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information I also give consent for the long-term insurer, unit trust manager or other financial institution possessing such information to release such information to the Authorized User via Astute, and I waive any right to privacy. Authority remains valid for 30 days from signature.

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