

Customer name				Policy number			
Important notes							
<p>1. Bryte Insurance Company Limited is a licensed insurer and an authorised FSP (17703). In terms of the Financial Advisory and Intermediary Services Act 37 of 2002, it is a requirement that we keep record (and provide you with a copy) of the advice rendered by our representatives. This document serves as such record.</p> <p>2. In order to allow the representative to complete the selected service accurately, you agree to provide all relevant and necessary information in a timely manner. The accuracy and completeness of the information provided remains your responsibility.</p> <p>3. In the case of a representative working under supervision, the "For office use only" section on page 2 must be completed.</p>							
Financial Needs and Suitability							
I confirm that the following needs and cover options have been identified:							
Motor	Personal <input type="checkbox"/>	Property	Personal <input type="checkbox"/>	Guarantee	Personal <input type="checkbox"/>	Marine	Personal <input type="checkbox"/>
	Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>
Accident and Health	Personal <input type="checkbox"/>	Travel	Personal <input type="checkbox"/>	Agriculture	Personal <input type="checkbox"/>	Transport	Personal <input type="checkbox"/>
	Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>
Legal Expenses	Personal <input type="checkbox"/>	Liability	Personal <input type="checkbox"/>	Engineering	Personal <input type="checkbox"/>	Miscellaneous	Personal <input type="checkbox"/>
	Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>		Commercial <input type="checkbox"/>
Do you understand the various options available to fulfil your needs?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the features and benefits of the product?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the costs associated with the financial product?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Premiums and Fees							
Total premium				Premium frequency			
Commission				Other fees			
Comparison between existing and recommended new Policy (if this policy is a replacement)							
If my recommendation resulted in the replacement of an existing product, details of such replacement have been recorded below:							
Policy details	Existing policy			Recommended new policy			
Policy number							
Name of insurance provider							
Date of termination and inception							
Fees and charges							
Premium amount							
Cover amendments							
Excesses							
Exclusions							
Special terms and conditions							
Reasons for replacement							

Customer Acknowledgement of Service and Declaration

In relation to this Record of advice I _____ acknowledge that:

1. It represents an accurate record of the scope of advice and subsequent recommendation that I received from my Financial Advisor.
2. My Advisor gave me the opportunity to ask questions about the recommendations and the basis on which the advice was provided and all forms furnished to me by my Advisor were completed in full before I signed them.
3. The advice and subsequent product recommendations recorded in this Record of Advice are based on information disclosed and verified by me. I understand that material non-disclosure could result in inappropriate product(s) being recommended to me.

I further declare that my advisor has discussed and explained the following to me:

<input type="checkbox"/>	Benefits and disadvantages	<input type="checkbox"/>	Excesses	<input type="checkbox"/>	Cancellation procedure
<input type="checkbox"/>	Exclusions	<input type="checkbox"/>	Insured amounts	<input type="checkbox"/>	Items covered
<input type="checkbox"/>	Principle of average	<input type="checkbox"/>	Calculation of insured amounts	<input type="checkbox"/>	Claims procedure

Signed as factually true and correct on the _____ day of _____ 20 _____

Representative name (indicate if working under supervision)	Client signature (or duly authorised to sign on behalf of client)
Representative signature	

Non-acceptance of Advice (if applicable)

I acknowledge the advice given to me, as stipulated in this Record of Advice and have elected:

- ☐ Not to follow the recommendations of the representative; OR
- ☐ To conclude a transaction that differs from that recommended to me.

Client signature

For office use only

Supervisor Evaluation of Representative Acting Under Supervision

I hereby confirm that I have evaluated the advice given by the representative under supervision and am satisfied that it is appropriate given the clients financial situation; OR

I hereby confirm that I have evaluated the above advice and am not satisfied that it is appropriate given the client's financial position and have therefore made recommendations to rectify the advice rendered.

Recommendations

Date	Supervisor signature