

STATUTORY DISCLOSURE

BUSINESS DETAILS

FSP License Number	7241
Address (Postal & Physical)	PO BOX 11099 SILVERLAKES 0054 19 CASTLE PINE CRESCENT SILVERLAKES 0081
Contact Person	Michiel de Villiers (Key Individual)
Telephone Number	012 809 0331/ 0461
Fax Number	012 809 0978
Financial Advisor	Michiel de Villiers
Cellular phone number	082 566 4744
E- mail Address	ginette@mcdevilliersbrokers.co.za

LEGAL AND CONTRACTUAL STATUS

1)	Discovery Life Limited	Tel: 011 539 7284
2)	Discovery Health Medical Scheme	Tel: 011 539 7284
3)	Genoa Underwriting Managers	Tel: 010 286 1915
4)	Momentum Group Limited	Tel: 012 671 8911
5)	Sanlam	Tel: 021 947 9111
6)	Natmed Medical Defence (Pty) Ltd	Tel: 0860 6208633
7)	Kaelo/ Xelus	Tel: 011 759 9600
8)	Ambledown	Tel:0860 354 944
9)	Safire Insurance Co Ltd	Tel: 033 264 8500
10)	Old Mutual	Tel: 021 433 7200
11)	Hollard	Tel: 011 351 2422
12)	Santam	Tel: 021 915 7000
13)	Zest Life	Tel: 021 180 4220
14)	Profmed	Tel: 012 679 4144
15)	PPS Insurance	Tel: 012 368 4000
16)	Constantia Insurance Company Ltd (Ethiqal Medical Risk Protection)	Tel: 011 686 4200

No conditions or restrictions have been imposed by any of the above product suppliers.

The financial advisor is an authorized representative of M C de Villiers Brokers CC and has been appointed in terms of a written agreement. M C de Villiers Brokers CC accepts responsibility for its own actions and for the actions of the financial advisor that may be performed by him or her acting within the course and scope of the written agreement.

FINANCIAL SERVICES FOR WHICH AUTHORISED

CERTIFICATE

Certificate issued in terms of Section 13 of the Financial Advisory and Intermediary Services Act 37 of 2002

FSP Name:	MC DE VILLIERS BROKERS cc
FSP Number:	7241
Representative's Name:	GINETTE DE VILLIERS

It is hereby certified that:

- The Representative named above is an authorised Representative of the FSP and has been appointed in terms of written agreement.
- As the authorised license holder, the FSP accepts responsibility for those activities of the Representative that are performed within the scope of or in the course of implementing in terms of written agreement in respect of the financial products listed hereunder:

	Category I Advisory FSP	Advice	Intermediary Services	Services under Supervision
1.1	Long-term Insurance: Subcategory A	✓	✓	
1.2	Short-term Insurance: Personal Lines	✓	✓	
1.3	Long-term Insurance: Subcategory B1	✓	✓	
1.4	Long-term Insurance: Subcategory C	✓	✓	
1.5	Retail Pension Benefits	✓	✓	
1.6	Short-term Insurance: Commercial Lines	✓	✓	
1.7	Pension Fund Benefits (Excluding retail pension benefits)	✓	✓	
1.14	Participatory Interests in one or more Collective Investment Scheme	✓	✓	
1.16	Health Service Benefits	✓	✓	
1.18	Deposits as defined in the Banks Act - 12 months or less	✓	✓	
1.20	Long-term Insurance: Subcategory B2	✓	✓	
1.21	Long-term Insurance: Subcategory B2-A	✓	✓	
1.22	Long-term Insurance: Subcategory B1-A	✓	✓	
1.23	Short-term Insurance: Personal Lines A1	✓	✓	

No conditions or restrictions have been imposed by the Registrar.

Signed on behalf of FSP	
Signature:	Date:

The Representative's continued authorisation may be verified on the Financial Services Board's website (www.fsb.co.za).

COMPLIANCE DEPARTMENT

The provider has appointed Moonstone Compliance (Practice No 188) as its external compliance practice. The Compliance Officer is Geta Hancke, Tel: 082 5146512, Fax: 0865563664, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613; 25 Quantum Street, Techno Park, Stellenbosch, 7600.

PROFESSIONAL INDEMNITY

The provider does hold professional indemnity.

DISCLOSURE OF INTEREST AND RENUMERATION

Please note that the provider has established a Conflict of Interest Management policy which requires your financial advisor to disclose any actual or potential conflict of interest to you. A copy of the Conflict of Interest Management Policy is available to the client at this office during office hours each day. Neither the provider nor your financial advisor holds directly or indirectly more than 10% of any product supplier's shares or an equivalent financial interest. Your financial advisor has not received more than 30% of total remuneration, including commission from any of the mentioned product providers.

COMPLAINT RESOLUTION SYSTEM PROCEDURES

Should you be dissatisfied with any aspect of the service performed by the provider or your financial advisor, you should address your complaint in writing to the Key Individual at the above address. Please note that we have established a written internal compliant resolution system with detailed procedures. Access to written procedures and a copy of the complaint resolution system is available to clients at this office during office hours each day.

SIGNING OF INCOMPLETE DOCUMENTS

You are hereby advised and cautioned that no person acting on behalf of the provider may in the course of the rendering of a financial service request you to sign any written or printed form or document unless all details required to be inserted thereon by you or on your behalf have already been inserted.

RESPONSIBILITY OF CORRECTNESS AND COMPLETENESS OF INFORMATION

Please be aware when completing any documentation or providing any information, that all material facts must be accurately and properly disclosed. You are entirely responsible for the accuracy and completeness of all answers, statements or other information provided by you or on your behalf.

Please note that all material facts in respect of any application, proposal, order, instruction or other contractual information that is required to be completed for or submitted to a product supplier by or on your behalf that relates to the purchase of, or investment in, any financial product, including any amendment thereof or variation thereto, must be accurately and properly disclosed.

WAIVER OF RIGHTS

You are hereby advised that no financial advisor or any other person may ask you or offer any inducement to you to waive any right or benefit conferred on you by or in terms of any provision of the General Codes of Conduct. A copy of the Code of Conduct is available on request.

GENERAL

The provider may from time to time receive non-cash incentives from product suppliers or indirect consideration from other persons. The provider will make available specific details should this occur.

All information obtained or acquired from you, the client, will remain confidential unless you provide written consent, or unless we are required by any law to disclose such information.

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


Representative Name and Signature
Ginette de Villiers

Client Name and Signature