

## ROA (5) CAVEAT (NO NEEDS ANALYSIS)

Dear Client

As part of our commitment to service delivery excellence we continuously strive to provide you with accurate financial advice and to recommend financial products that are suitable to address your specific financial needs and objectives.

In order for us to make appropriate recommendations, our Code of Conduct requires that we first obtain the following information from you:

- Your financial objectives
- Your financial situation
- Your financial product experience

This requirement has however been made subject to any instructions to forego the need for us to obtain and analyse the above requisite information in order to facilitate a particular financial service. To this end, where you have instructed or requested us not to conduct a comprehensive needs analysis, we will recommend the most suitable financial products based on an analysis of the information that is available to us.

Please be advised that without all the information indicated above, there may also be limitations on the appropriateness of the advice that we provide. Please inform your financial advisor should you prefer him or her to conduct a comprehensive needs analysis.

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I acknowledge that I have not provided all information requested by the provider to enable him or her to conduct an analysis for purposes of advice or that the provider has been unable to conduct an analysis for purposes of the advice because in the light of the circumstances surrounding the case, there was not reasonably sufficient time to do so.

In the circumstances, I confirm the following:

- The provider has fully informed me and I clearly understand that a full analysis for purposes of the advice could not be undertaken and that there may be limitations on the appropriateness of the advice provided
- I have been advised by the provider to take particular care to consider on my own whether any advice given is appropriate considering my objectives, financial situation and particular needs
- I have been alerted by the provider of the clear existence of all risk should I elect to conclude a transaction that differs from that recommended by the provider, or otherwise elect not to follow the advice furnished, or elect to receive less information or advice than the provider is able to provide, and I have been advised to take particular care to consider whether any product selected is appropriate to my needs, objectives and circumstances

Signed for and on behalf of the Client

Signature:

Date:

Signed by Advisor

Signature:

Date:

## FICA IDENTIFICATION & VERIFICATION CHECKLIST (SA CITIZENS)

- An accountable institution may not establish a business relationship or conclude a single transaction unless the identity of the client has both been established and verified
- The implementation and usage of this document is required if applicable
- Identify the client by completing the information fields indicated below and verify the authenticity of the particulars provided by sighting an original or certified true copy of the original document
- Where another person is acting on behalf of the client, attach written proof of such person's authority, in addition to also verifying the particulars below for both the client and the authorised person
- Attach a copy of every sighted document to the FICA checklist and retain all copies in the client's file

The following particulars must be established with regards to a client who is a <b>South African Citizen</b>	
Full Names	
Date of Birth	
Identity Number	
Contact Details	
Residential Address	

The particulars must be verified as truthful by comparing the relevant information shown on an original or a certified copy of any one of the documents listed below		Original Doc. sighted (Y/N)	Certified Copy sighted (Y/N)
Full Names	(1) ID Document / (2) Passport / (3) Driver's Licence / (4) Any alternative document displaying the client's photograph, full names & ID number		
Date of Birth	(1) ID Document / (2) Passport / (3) Driver's Licence / (4) Any alternative document displaying the client's photograph, full names & ID number		
Identity Number	(1) ID Document / (2) Passport / (3) Driver's Licence / (4) Any alternative document displaying the client's photograph, full names & ID number		
Contact Details	Need not be verified		
Residential Address	(1) Recent utility bill reflecting the client's name and residential address (not more than 3 month's old) (2) Recent bank statement reflecting the client's name and residential address (not more than 3 month's old) (3) Recent municipal rates & taxes invoice reflecting the client's name and residential address (not more than 3 month's old) (4) Recent pay slip or SARS tax return reflecting the client's name and residential address (not more than 3 month's old) (5) Recent telephone or cellular account reflecting the client's name and residential address (not more than 3 month's old) (5) Recent mortgage statement from bank or similar body reflecting the client's name and residential address (not more than 3 month's old) (6) Lease or rental agreement reflecting the client's name and residential address (7) Affidavit by an employee or agent of the FSP confirming that the client resides at the relevant address after visiting the relevant address in person (8) Any other method that can be reasonably expected to achieve the verification of the client's residential address by way of reasonably practical means		

If applicable, indicate the reason the client is unable to produce an official ID Document:


## GUIDANCE NOTES

- Where a client is unable to produce a green bar-coded ID Document for verification purposes the reason for such failure must be recorded above
- Depending on the business relationship, an accountable institution may require additional information in order to enhance the institution's profile of a particular client
- Accountable institutions should apply client identification procedures to non face-to-face clients that are as effective as those applied to clients available for interview. Mere reliance on faxed, scanned or e-mailed documents for verification, in the absence of additional steps to confirm the client's particulars, is not an acceptable form of verification
- Examples of additional steps to verify the information provided by non face-to-face clients may include:
  - certification of documents presented
  - requisition of additional documents to complement those that are required for face-to-face clients
  - independent contact with client by the accountable institution
  - sending a letter by registered post and waiting for acknowledgement of receipt in order to validate the address of the client
  - making a telephone call to the telephone number provided that has been independently validated
  - third party introduction
- An accountable institution may accept an affidavit from a person co-habiting with the client or an employer of the client in order to confirm the client's residential address. Such affidavit must contain the following particulars:
  - name, residential address and identity number of the client and the deponent of the affidavit
  - relationship between the client and the deponent of the affidavit
  - confirmation of the client's residential address

As the duly authorised person responsible for establishing and verifying the identity of the client, I \_\_\_\_\_  
took reasonable steps to achieve such verification on the accountable institution's behalf.

Signature

 MOONSTONE

Date

**SOURCE OF FUNDS DECLARATION**

As part of our responsibilities as an Accountable Institution in terms of the Financial Intelligence Centre Act 38 of 2001, we are required to establish the source (origin) of the funds that our clients will use, or is expected to use in concluding transactions with us.

Please complete the fields below and sign the document.

Name & Surname
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I am acting on behalf of:

Myself	<input type="checkbox"/>	Please specify client's name if applicable
Another Natural Person	<input type="checkbox"/>	
A Legal Person	<input type="checkbox"/>	
A Partnership	<input type="checkbox"/>	
A Trust	<input type="checkbox"/>	
Other Entity Type	<input type="checkbox"/>	

Source of Funds (Please specify if other)

Natural Person	Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Dividend <input type="checkbox"/> Interest <input type="checkbox"/> Gift <input type="checkbox"/> Savings <input type="checkbox"/>
	Other <input type="checkbox"/> :
Legal Person Partnership Trust Other Entity Type	

I do hereby declare that the source of the funds that I / we expect to use in concluding transactions with the organisation originates from the sources indicated above. We further confirm that these funds are derived from legitimate sources.

Signature
Date