Contact Stage Disclosure



In terms of the Financial Advisory and Intermediary Services Act (FAIS) (ACT NO 37 OF 2002) the following information must be disclosed to clients and potential clients.

Personal Details:

Full Name: Dale Piper ID Number:9080

Hastie and Piper Health Consulting cc Brokerage Name:

Trading Name: HealthGroup **Contact Details:**

Physical address: Block B, 10 on Abrey Office Park, 10 Abrey Road, Kloof, 3610 Postal Address: Block B, 10 on Abrey Office Park, 10 Abrey Road, Kloof, 3610 Telephone: 031 764 7298 Mobile: 082 461 6258

E-mail: dale@healthgroup.org.za

Accreditations:

Council for Medical Schemes: BR 26711 Financial Sector Conduct Authority: FSP 33932 Key Individual: RE1 Exam RE5 Exam Representative:

Qualifications:

Bachelor of Commerce (Economics)

Postgraduate Diploma (IMM)

PI Insurance:

I am covered by Professional Indemnity Insurance of R1,000,000

Cover provided by Old Mutual Insure Limited

Policy Number: F/OMI/23/0929

Classes of Business:

I have training and experience to advise my clients on the following:

- Long term Category A
- Long term Category B
- Long term Category C
- **Health Service Benefits**
- Short term Insurance: Personal Lines
- **Retail Pension Benefits**
- Deposits defined in the Banks act 12 months or less

Declaration:

- I am an Independent Financial Services Consultant
- I commenced working in the financial services industry in 1997
- I do not own more than 10% of issued shares directly or indirectly of any Life Assurer or Financial Product provider
- I am not an associated company of any life assurer or product provider
- Currently, over 1/3rd of the brokerage's health business is placed with Discovery Health

Accredited with the following providers:

Medical Aid:

- Bestmed
- **Bonitas** Discovery Health
- Fedhealth
- Medihelp
- Momentum
- Sizwe Hosmed
- Profmed
- Sirago Stratum
- Turnberry
- Western Gap

Ambledown

Dental Risk Insurance

Kaelo | Dis-Chem

Sanlam Gap Cover

7estlife

Short Term Insurance:

- MSTI
- Discovery Insure

International Insurance:

- tic Travel Consultants
- Cigna Global

Long Term Insurance:

- Discovery Life
- Momentum Myriad
- **PPS Insurance**
- Sanlam
- FMI

I have and independent Compliance Officer:

Represented by Debbie Smith

dsmith@compliancesolution.net

Primary Health Insurance

- Discovery Flexicare
- Momentum Health4Me
- EssentialMed
- Kaelo MyHealth
- Essential Primary Plus

Commission and Fees:

I earn my income from:

- Commission that the Product Provider pays to me on the products purchased by my clients
- By charging a separate broker fee on certain gap policies
- By charging an optional consulting fee of R350 per hour for services rendered to my clients

As an authorised Financial Services Provider, we are committed

to full regulatory transparency and ethical client engagement.

All relevant disclosures, policies, and notices required under

the FAIS Act, the Medical Schemes Act, and the Protection of

Personal Information Act (POPIA) are available on our website:

Regulatory Disclosures and Compliance Information:

Compliance:

- This includes our: **Complaints Resolution Process**
- Conflict of Interest Management Policy
- Gifts and Incentives Register
- Treating Customers Fairly (TCF) Policy
- Protection of Personal Information (POPIA) Policy
- Statutory Notice outlining your rights as a policyholder

Tel: 074 1877 325, Fax: 086 606 9660 or email:

- FAIS Ombud contact details
- CMS membership rights, waiting period disclosures, and non-discrimination

Independent Compliance Management Solutions CC (FSB Practice No 4851)

Please Note:

www.healthgroup.org.za/compliance

- As a client, you may not be requested or induced directly or indirectly to waive any right or benefit conferred upon you under the FAIS Act or its General Code of Conduct. These rights are protected by law and remain fully enforceable.
- Although no specific financial needs or products have been discussed at this stage, we are required to disclose key information about the product provider. This includes their regulatory status and contact details.
- Please refer to subsequent documentation—such as the quote, annexure, or policy schedule—for full details on the product supplier, including: Registered name, Physical and postal address, Telephone number, Name and contact details of their compliance department

Client Acknowledgment:

I hereby acknowledge that I have read the content of this document.	Notes:
Full Names:	
Signature:	
Date:	



