

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: 7304205069080
Brokerage Name: Hastie and Piper Health Consulting cc
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
Representative: RE5 Exam

Qualifications:

- Bachelor of Commerce (Economics)
- Postgraduate Diploma (IMM)

PI Insurance:

- I have Professional Indemnity Insurance cover of R1,000,000
- Cover provide by Camargue
- Certificate Number: CN09

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:	Short Term Insurance:	Long Term Insurance:	Health Insurance / Low Cost:
<ul style="list-style-type: none">• Bestmed• Bonitas• Discovery Health• Fedhealth• Health Squared• Medihelp	<ul style="list-style-type: none">• Ambledown• Dental Risk Insurance• Kaelo• Sanlam Gap Cover• Sirago• Stratum	<ul style="list-style-type: none">• Turnberry• Western Gap• Zestlife• tic Travel Consultants• Discovery Life• Momentum Myriad• PPS Insurance• Sanlam• FMI	<ul style="list-style-type: none">• Discovery flexicare• Momentum Health4Me• Essential Med• Kaelo MyHealth• Stratum Corporate Essential

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

Compliance:

I have an independent Compliance Officer:

- Independent Compliance Management Solutions CC (FSB Practice No 4851)
- Represented by Debbie Smith
- Tel: 074 1877 325, Fax: 086 606 9660 or email: dsmith@compliancesolution.net

FAIS Act Compliance and Procedures:

Complaints Resolution:

- We have a Complaints Resolution process which is available from the above address upon request.

Gifts and Incentives Register:

- From time to time I may receive indirect consideration from product providers.
- A gift register is available for inspection upon request.

Statutory Notice:

- You are entitled to receive a Statutory Notice from me setting out your rights as a policyholder

Treating Customers Fairly:

- Our 'Treating Customers Fairly' policy is available on our website: www.healthgroup.org.za

Conflict of Interest:

- We have a documented Conflict of interest policy

Protection of Personal Information:

- Our policy is on our website

Please Note:

- As a client, no provider may request or induce you in any manner to waive any right or benefit conferred on you by, or in terms of any provision of the FAIS Act and the General Code of Conduct.
- Although no specific needs or products have yet been discussed, disclosures about the product provider must be made.
- Kindly refer to subsequent documentation such as a quote, annexure or policy document for information on Product Suppliers: name, physical and postal address, telephone details, 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:
