

# 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 began 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 1/3<sup>rd</sup> of the brokerage's health business is placed with Discovery Health

## Accredited with the following providers:

### Medical Aid:

- Bestmed
- Bonitas
- Discovery Health
- Fedhealth
- Health Squared
- Medihelp
- Medshield
- Momentum Health
- Profmed
- Sizwe
- Spectramed

### Short Term Insurance:

- Ambledown
- Dental Risk Insurance
- Kaelo
- Sanlam Gap Cover
- Sirago
- Stratum
- Turnberry
- Western Gap
- Zestlife

### Long Term Insurance:

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

### Health Insurance / Low Cost:

- Discovery Primary Care
- Momentum OCSACare
- Momentum Staff Care

## 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](http://www.healthgroup.org.za)

## Conflict of Interest:

- We have a documented Conflict of interest policy

## 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:
