

## RECORD OF ADVICE

Investment/Portfolio Management (discretionary)

FSB.No [712]

DATE

WHAT WAS DISCUSSED

ACTION

Client Signature

Print Name



**SECTION 1 CLIENT ACKNOWLEDGEMENT OF SERVICE AND DECLARATION**

In relation to this Record of Advice "the Record", I \_\_\_\_\_ acknowledge that; it represents an accurate record of the scope of advice and subsequent investment recommendation(s) that I received from my Financial Advisor \_\_\_\_\_ the "Advisor".

I have received a letter of introduction from the Advisor confirming legal status and scope of authorisation under the Financial Advisory & Intermediary Services Act 2002.

I undertook a risk profile exercise with the Advisor and concur with my profile as summarised in Section 3.

Where I did not elect to follow the recommendations of the Advisor, I understand that it may result in the commitment to a strategy or products that may be inappropriate to my risk profile.

The Advisor furnished me with sufficient information regarding the relevant terms and conditions of the investment mandate, inclusive of their fees and other costs.

I am aware that I will be exposed to a level of financial market risk and understand that the value of my investments may go down as a result of financial market movements.

The Advisor gave me the opportunity to ask questions about the investment recommendations and the basis on which they were created.

The advice and subsequent recommendation given in this Record was largely based on information provided or volunteered by myself. I understand that material non-disclosure could result in an inappropriate strategy for my actual circumstances and risk profile .

I hereby authorise the Advisor to proceed with the investment strategy detailed in Section 2 of this Record.

Signed as factually true and correct on the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

**SECTION 2 FINANCIAL ADVISOR ACKNOWLEDGEMENT AND DECLARATION**

In relation to this Record, I \_\_\_\_\_ acknowledge that this document is an accurate and complete record of the advice and investment recommendations that I gave to \_\_\_\_\_ "the Client"; and that I have conducted an appropriate analysis to establish the financial priorities and risk profile of the Client.

I have furnished the Client with information regarding the relevant terms and conditions of the investment, mandate and associated fees.

Signed as factually true and correct on the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_.

\_\_\_\_\_  
Authorised Representative  
Signature

\_\_\_\_\_  
Authorised Representative  
Print Name

## FUND SWITCH FORM

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Blue Ink Investments (Pty) Ltd  
PO Box 44711  
Claremont  
7735

FAX: +27 (21) 673 3344

Email: [donne@blueink.co.za](mailto:donne@blueink.co.za)

Dear Sir/Madam

RE: SWITCHING OF PORTFOLIO HELD IN THE NAME OF: \_\_\_\_\_

This letter serves to confirm my request to restructure my portfolio as follows:

1. Sell R \_\_\_\_\_ or \_\_\_\_\_ % of the funds currently held in the \_\_\_\_\_ Fund and transfer it to the \_\_\_\_\_ Fund.
2. Sell R \_\_\_\_\_ or \_\_\_\_\_ % of the funds currently held in the \_\_\_\_\_ Fund and transfer it to the \_\_\_\_\_ Fund.
3. Sell R \_\_\_\_\_ or \_\_\_\_\_ % of the funds currently held in the \_\_\_\_\_ Fund and transfer it to the \_\_\_\_\_ Fund.

I understand that all instructions received by your company are subject to the prescribed notice period as set out in your documentation; and that the restructuring will be affected at the end of the next month.

Your assistance is appreciated

Yours sincerely

\_\_\_\_\_  
Name in print

\_\_\_\_\_  
Signature:

Identity No: \_\_\_\_\_