

*Dave Wilson * & Associates*

CC

Ck 2001/052976/23

Authorised Financial Services Provider Medical Schemes

*** *HOLDER OF THE INTERNATIONAL QUALITY AWARDS***

MEMBER FIA DAVID NO:21003860 ROBERT NO:21005084

COUNCIL FOR MEDICAL SCHEMES

ACCREDITATION NO :- ORG 2050

COUNCIL FOR MEDICAL SCHEMES

ACCREDITATION NO :BR 2105 ROBERT

FSB 16873

DISCLOSURE DOCUMENT

INFORMATION ON SERVICE PROVIDER

**This document is provided in adherence to the General Code of Conduct for Financial Services Providers and Representatives
(Government Gazette 25299 of 8 August 2003)
Section 15 and 16 of the Financial Advisory and Intermediary Services Act, 2002
(Act no. 37 of 2002)**

***(This document does not form part of any Insurance -, Health Service Benefits -
Or other Financial Services Contracts)***

1. Personal details.

Full names: Robert David Wilson

ID number: 7206015299080

Designation: FSP

2. Business details.

Business name: Dave Wilson & Associates Financial Services CC

Trading as: Dave Wilson & Associates Financial Services CC

Registration number: *Ck 2001/052976/23*

License number: 16873

Postal address: 1 Leervis Close, Marina Da Gama, Cape Town

Physical address: 1 Leervis Close, Marina Da Gama, Cape Town

Telephone: 021 7885064

Facsimile: 021 7885077

Cellular phone: 0845912311

E-mail address: davewilson@telkomsa.net

Contact person(s): Dave/Robert

Contact details: As Above

3. Legal and contractual status.

The presenter of this document acts in the capacity of:

Financial Services Provider (FSP)	x
Representative (mandated by the FSP)	
Representative (contracted by the FSP)	

In terms of the Act the FSP accepts responsibility for his own actions as well as the actions of a representative mandated or contracted by the FSP in the rendering of a financial service to a client. The FSP and representative act independently (being independent financial advisors) from any product supplier and as such the product supplier will not accept responsibility for the actions of mentioned FSP or representative.

Clients must be aware of their own responsibility in the presentation of full and correct information and the making of carefully considered decisions in the financial service process. Clients should enter into an agreement with their financial advisor in which it is clearly stipulated what services should be rendered and by when.

4. Compliance arrangements.

FSP responsible for own compliance arrangements -

Yes	x
No	

Name of compliance officer: Robert Wilson

FSB compliance officer authorization number: 2615

Contact details: (021) 7885064

5. Financial services.

The FSP or representative is authorized to market the following financial products:

Long-term Insurance: Category A	X
Short-term Insurance: Personal Lines	X
Long-term Insurance: Category B	X
Long-term Insurance: Category C	X
Retail Pension Benefits	X
Short-term Insurance: Commercial Lines	X
Participatory interests in Collective Investment Schemes	X
Securities and Instruments: Shares	
Securities and Instruments: Money Market Instruments	
Securities and Instruments: Bonds	
Foreign Currency denominated Investment Instruments	
Health Service Benefits	X

The license has been authorized subject to the following conditions and/or restrictions:

-
-
-

6. Guarantees/Professional Indemnity/Fidelity Insurance.

The FSP holds the following:

Type	Yes	No
Guarantees		<u>X</u>
Professional Indemnity	<u>X</u>	
Fidelity Insurance		<u>X</u>

The following persons operating under license of the FSP are covered by the aforementioned:

Capacity	Yes	No
Financial Services Provider(s)	X	
Representative(s) (mandated)	X	
Representative(s) (contracted)		
Administrative personnel		

7. Supervision.

The presenter of this document renders financial services under the guidance, instructions and supervision of a supervisor –

Yes	<input type="checkbox"/>
-----	--------------------------

No	x
----	---

Name of supervisor(s):

8. Exemptions granted by the Registrar.

- See Appendix A

9. Contractual relationship with product suppliers.

The FSP has contractual relationships with the following product suppliers –

- See Appendix B

10. Remarks.

-
-
-
-

The information contained in this document was provided to the client on the day of 2008 by means of –

Personal delivery	
Facsimile	
E-mail *	
Post	

Signed this day of 2008 at

Provider

Client

***Document not signed due to electronic mail.**