Statutory disclosures in terms of the Financial Advisory and Intermediary Services Act, 2002. ("the FAIS Act")



Disclosures regarding the Bank and other legal information customers have the right to receive:

Take note of the following important information.

FINANCIAL SERVICES PROVIDER

- It is in your best interest to retain copies of all documents handed to you.
- Do not sign any blank or partially completed forms and remember to complete all forms in ink
- Make notes of what is said to you and by whom.
- It is important that you are absolutely sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision.
- This notice does not form part of your contract.
- The details of the Compliance Department is email: southafricacomplianceteam@accessbankplc.com
- · Access Bank South Africa Limited has professional indemnity insurance in place.

DETAILS OF BANK REPRESENTATIVE

Although our bank officials/representatives may change from time to time the Bank will always ensure that there is a qualified representative available to address your needs.

Name of Bank Official/Representative		
Employee Number		
Physical Address of Business Suite		
	Code	
Postal Address of Business Suite		
	Code	
Telephone Number		
Facsimile Number		
Bank Official/Representative Signature		
Date		

FINANCIAL NEEDS ANALYSIS

Note to Customer: Please tick the appropriate box. Should the answer to any one of the following questions be "no", please address this with a bank official or representative. It is important that you understand the product prior to selection.

What are your specific financial needs?		
Current Products with the Bank:	Cheque Account	Investment
	Savings Account	Commercial Loan
	Home Loan	Asset Finance
	Property Loan	Travel Allowance
	Foreign Bill for collection	Import/Export LC's

What Product(s) are you interested in:	Cheque Account	Investment	
	Savings Account	Commercial Loan	
	Home Loan	Asset Finance	
	Property Loan	Travel Allowance	
	Foreign Bill for collection	Import/Export LC's	

What is your objective with this account	ount?												
Do you require access to your funds	s during	g the I	life of	the a	ccou	nt?				Yes		No	
Amount of money you wish to depo	sit?	R	R Period up to 12 r		mths								
Longer than 12 months			Deposit Intervals		osit Intervals		Irregular			Stop Order			
Interest option			Monthly Quarterly Semi-annu		i-annually		On maturity						
Do you wish to make additional dep	osits?	Yes		No		Deposit Interva	ls		Irregular	r	Stop	o Order	
Do you have other investments/dep	osits w	hich y	you w	ish to	cons	solidate?				Yes		No	
Do you have an additional source o	f incom	e apa	art froi	m the	inter	est earned from	the r	new de	eposit?	Yes		No	
If yes, please describe													

Savings and Investment						
Do you require immediate access to your capital?	Yes	No	If yes, required period			
Do you want to save/invest for a specified time period?				Yes	No	

Products		
Products Considered		
Products Selected		
Motivation for selection	of Product(s)	

Understanding of the Product			
Do you understand the features and benefits of the account?	Yes	No	
Do you have a full understanding of the costs associated with the running of the account?	Yes	No	

BANK'S ADVICE NOT TAKEN UP/ACCEPTED

This section should only be completed where the customer does not follow the advice given by the Bank.

I understand the advice given to me by the Bank, and have made an informed decision to **not** follow this advice. The Bank cannot be held liable for my decision.

Customer Signature:

Date:

FINANCIAL NEEDS ANALYSIS NOT PERFORMED

This section should only be completed where the customer does not require a financial needs analysis.

I was unable to conduct a full and complete analysis of the customer's financial needs for the following reason(s):

Customer Signature:

I understand that a financial needs analysis was not conducted/ not fully completed, for the reason(s) recorded above. I accept that the advice provided may be limited or inappropriate for my current financial needs, and understand that it is my responsibility to consider whether the advice is appropriate and sufficient.

Customer Signature:

Date:

Bank Official/Representative Signature:

I confirm that I have read this document and have received a copy of this notice containing the obligatory disclosures and the product matrix(ces)

CLIENT INFORMATION

Customer name

ID/Company/CC/Trust Reg. No.

Customer Signature:

Date:

DETAILS OF BANK'S CUSTOMER CARE CENTRE AND THE FAIS OMBUD

Complaints

You are welcome to contact our Customer Care Centre at customercaresa@accessbankplc.com, or visit our website at www.southafrica.accessbankplc.com. Should you request a copy of our customer complaints handling process, please contact the Customer Care Centre. Please refer to contact details below for the FAIS and Bank Ombuds.

Name of FAIS Ombudsman: Mr. N.Bam

Contact details as follows:

FAIS Ombud	Bank Ombud
P.O. Box 74571	P.O. Box 87056
Lynwood Ridge	Houghton, 2041
0040	
South Africa	1st Floor, Houghton Place, 51 West Street, Houghton,
	Johannesburg, 2198
Tel: (012) 470 9080	
Fax: (012) 348 3447	Tel: (011) 712 1800
	Fax: (011) 483 3212
info@faisombud.co.za	Share Call: 0860 800 900
www.faisombud.co.za	info@obssa.co.za