



LETTER OF INTRODUCTION & DISCLOSURES

VIKO Services - FSP 51775

In complying with the FAIS legislation, I would like to bring the following information to your attention:

I, **ISABELLA PETRONELLA VICTOR**, am a representative rendering financial services as defined in the Fit & Proper regulations. I am mandated by **VIKO SERVICES**, an authorised financial services provider, which accepts responsibility for my activities & is licensed to render financial services. A copy of the FSP license is available for inspection on request

I have been providing financial advice & intermediary services since 1st of March 2002 in the following areas of financial planning:

Funeral Cover.

I am authorised to provide advice & intermediary services in the following product categories:

Category:

Long-Term Insurance: Category A

VIKO SERVICES has written authority to market the products of the following product suppliers & I am accredited to market their products:
AVBOB.

I have the following relevant qualifications: **Grade 12.**

The FSP does not hold more than 10% of the shares issued by any product provider. The FSP did receive more than 30% of its total remuneration from AVBOB. I, **ISABELLA PETRONELLA VICTOR**, did not receive more than 30% of my remuneration from AVBOB. I am remunerated for my services by the FSP by being paid commission from the product provider.

The FSP does not hold professional indemnity insurance.

Compliance with the FAIS Act is monitored by **Masthead (Pty) Ltd**, a compliance practice approved by the Financial Services Board. Their postal address is P O Box 765, Howard Place, 7450. Their contact numbers are 021 686 3588 (T) & 021 686 3589 (F).

Please note that in accordance with legislation, we keep an updated Conflict of Interest Management policy & disclosure register. This register informs you of all financial & ownership interests that I/ we may become entitled to & lists the associate & business relationships of the FSP. This document ensures transparency in my/our dealings with our customers & is available for inspection.

VIKO SERVICES (PTY) Ltd is subjected to the Protection of Personal Information Act, no 4 of 2013 ("POPIA"), which became operational on 01 July 2020 and section 58-2, effective on 01 July 2021. Respecting and protecting your Personal Information is important to VIKO SERVICES. It is also a Constitutional right, legal, and good business practice requirement, which we take very seriously. Our full Privacy Policy is available on request.

VIKO SERVICES promotes the fair treatment of clients by integrating the guidelines & principles of TCF in its Code of Ethics policy & in all business dealings with its clients.

If you are dissatisfied with any aspect of my service, you should address your complaint in writing to me and/or the Key Individual using the above mentioned contact details. A copy of the Complaints Resolution Policy is available on request.

9 Hecate Street Riebeeckstad Welkom,
9459
Tel: +27 (0) 66 042 0846
E-mail: admin@vikoservices.co.za



NEW APPLICATION



VIKO SERVICES (PTY) Ltd
Reg: 2021/572710/07
Authorised Financial Service Provider:
FSP no: 51775

AVBOB Group Assurance Schemes IGI 1281 RASMA Administrator: VIKO SERVICES(PTY) LTD FSP 51775

Payer Details:	Surname & Names:	<input type="text"/>	Plan:	<input type="text"/>	Policy no:	<input type="text"/>
	Cell no:	<input type="text"/>				

Main Member Name(s)	<input type="text"/>	Surname:	<input type="text"/>	Gender:	<input type="text"/>
Country of birth	<input type="text"/>				
ID number:	<input type="text"/>	E-mail address:	<input type="text"/>		
Work tel no:	<input type="text"/>				
Cell no:	<input type="text"/>	WhatsApp no:	<input type="text"/>		

Address	<input type="text"/>					
Main Member:	<input type="text"/>					
	<input type="text"/>				Code:	<input type="text"/>
Address	<input type="text"/>					
Payer:	<input type="text"/>					
	<input type="text"/>				Code:	<input type="text"/>

BENEFICIARY DETAILS:					
Relationship to main member:	<input type="text"/>				
Surname:	<input type="text"/>	Full Names:	<input type="text"/>	Gender:	<input type="text"/>
ID number:	<input type="text"/>	Cell no:	<input type="text"/>		

SPOUSE DETAILS:					
Surname:	<input type="text"/>	Full Names:	<input type="text"/>	Gender:	<input type="text"/>
ID number:	<input type="text"/>	Cell no:	<input type="text"/>		

CHILD DETAILS:					
Gender & Age	Surname & Full Names	ID NO			

PARENT DETAILS:			
Relationship	Surname & Full Names	Cover Amount	ID NO

EXTENDED FAMILY DETAILS:			
Relationship	Surname & Full Names	Cover Amount	ID NO

•AMENDMENTS WILL TAKE EFFECT FROM THE 1ST OF THE MONTH IF PAYMENT IS RECEIVED BEFORE THE 7TH. PAYMENTS FOR AMENDMENTS MADE AFTER THE 7TH WILL PUSH THE DATE OF INCEPTION TO THE 1ST OF THE NEXT MONTH (WHERE APPLICABLE).
 •PREMIUMS PAID FOR PEOPLE WHO DO NOT CONFORM TO POLICY RULES, WILL BE REFUNDED AND NO CLAIM WILL BE HONoured FOR SUCH PERSONS.
 •NO CLAIM CAN BE HONoured IF PAYMENTS ARE IN ARREARS.
 •PAYMENT MUST BE RECEIVED BEFORE THE 5TH OF EACH MONTH.
 *I DECLARE THAT I WAS NOT OBLIGATED TO TAKE THIS PRODUCT.
 *I CONFIRM THAT THIS DOCUMENT WAS COMPLETED PRIOR TO ME SIGNING IT.
 *I HAVE RECEIVED INFORMATION ABOUT THE PRODUCT INCLUDING BUT NOT LIMITED TO THE RISKS.
 *I HAVE ASSESSED MY OWN CIRCUMSTANCES TO ENSURE THAT IT MEETS MY GOALS AND OBJECTIVES.

*** I HEREBY GIVE CONSENT THAT MY INFORMATION, AS GIVEN, MAY BE USED IN ACCORDANCE WITH THE VIKO SERVICES PRIVACY POLICY, WHICH IS AVAILABLE ON REQUEST ON THE PREMISES AND ON THE WEBSITE.**

BY SIGNING THIS FORM, I DECLARE THAT I UNDERSTAND THE TERMS OF THIS POLICY AND THAT I CAN AFFORD THE MONTHLY PREMIUMS

TOTAL PREMIUM PAYABLE* Date:

Commencement date: /after first premium payment Signature:

BENEFIT STRUCTURE FOR SINGLE MEMBERS UP TO 64 YEARS.

Description:	Option - E	Option - F	Option - G	Option - H
Member:	R30 000.00	R20 000.00	R15 000.00	R10 000.00
Admin Fee & Commission	R33.89	R34.26	R31.94	R29.63
Total premium payable per	R80.00	R65.00	R55.00	R45.00

FAMILY COVER (Maximum cover for children up to 6 years of age is R15000)

Description	Plan - A	Plan - B	Plan - C	Plan - D	Plan - I (65-74)	Option - J (65-74)
Member:	R30 000.00	R20 000.00	R15 000.00	R10 000.00	R15 000.00	R10 000.00
Spouse (1)	R30 000.00	R20 000.00	R15 000.00	R10 000.00	R0.00	R0.00
Child aged 14 to 21 years	R30 000.00	R20 000.00	R15 000.00	R10 000.00	R0.00	R0.00
Child 6 to 13 years	R15 000.00	R10 000.00	R7 500.00	R5 000.00	R0.00	R0.00
Child 1 to 5 years	R15 000.00	R10 000.00	R7 500.00	R5 000.00	R0.00	R0.00
Stillborn	R7 500.00	R5 000.00	R3 750.00	R2 500.00	R0.00	R0.00
Admin Fee & Commission	R49.41	R46.28	R34.71	R33.13	R38.32	R33.88
Total premium payable per member	R160.00	R120.00	R90.00	R70.00	R105.00	R75.00

PARENTS & PARENTS-IN-LAW (MAXIMUM R15 000, not more than main member. Maximum entry age: 74)

AGE GROUPS	MAXIMUM COVER	ADMINISTRATION FEE	TOTAL PREMIUM PAYABLE PER MEMBER
UP TO 64 YEARS	R15 000,00	R3.00 per R1000	R45,00
65 TO 74 YEARS	R15 000,00	R7.00 per R1000	R105,00

EXTENDED FAMILY (Members in each subcategory must have the same cover, not more than main member, maximum 5 extended members, maximum cover for children up to 6 years of age is R15 000)

AGE GROUPS	MAXIMUM COVER	ADMINISTRATION FEE	TOTAL PREMIUM PAYABLE PER MEMBER
UP TO 64 YEARS	R15 000,00	R5.00/R1000	R75,00
65 TO 74 YEARS	R15 000,00	R7.00/R1000	R105,00

PREMIUMS PAYABLE BEFORE THE 7TH OF EACH MONTH!!!!!!

Maximum age at entry is 64 years at next birthday except Plan I&J

- a) No medical examination or medical questionnaire is necessary.
- b) Six (6) months waiting period is applicable on new entries for death due to natural causes. Cover for unnatural causes starts from the initiation date. No benefit shall be payable under this policy if any Life Assured's death is a result of suicide, if such a death occurs within 6 months of joining the Scheme.
- c) Upgrading of cover entails a 6 (six) month waiting period on the upgraded amount for natural causes and suicide.
- d) Owner/Assured: Upon death of the main member, claims are paid to the nominated beneficiary. Claims for family members are paid to the Main member. The authorised recipient of the claim proceeds may appoint someone to receive the proceeds in his/her stead with the use of an affidavit to the effect in front of a recognised commissioner of oaths. You will receive notification of unpaid premiums. Note that there will be no cover if premiums are in arrears and after 2 months consecutive non-payment the insurer will issue a notice of cancellation of the contract. Cover may be reinstated if all premiums are paid and a waiting period is applicable.
- e) Claims must be submitted within 3 months after the date of death. In the event of unclaimed benefits, the underwriter will endeavour to trace the beneficiary within a period of 3 years and again within a period of 10 years if the benefits are less than a R1000.00 or exceed the tracing costs.
- f) It remains the responsibility of the main member to ensure that the application form is completed correctly and that amendments, such as new-born children or different marital status, must be submitted to the Administrator IN WRITING within 8 weeks after the event. **BABIES MUST BE REGISTERED ON THIS SCHEME WITHIN 8 WEEKS AFTER BIRTH.**
- g) A gestation period of 26 weeks –confirmed by a medical practitioner- is applicable to still-born babies. Cover will only be enjoyed if the person's name appears on the application form.
- h) Children, 21 years and older, are not dependents except when unmarried and a full time student up to the age of 26 years. Children totally dependent on the Member by reason of mental- or physical handicap are covered until death or for so long as their parents remain covered - provided their membership of the scheme commenced prior to the child's 21st birthday. If a child, however, becomes independent of the member for maintenance and care, he will no longer be regarded as a child for the purpose of this policy even if he may later, for whatever reason, become dependent on the member.
A member's child means unmarried own (biological) child, unmarried stepchild, or unmarried legally adopted child, under the age of 21 years. In disputes an unabridged birth certificate will be required. Maximum 5 children can be added.
- i) All contact details of both the main member, nominated beneficiary and the employer must be provided to the Administrator as per application form.
- j) **In the event of default in the payment of the monthly premium, when due, no claims will be considered.** Cover, may however, be reinstated if all premium payments are resumed within a period of three (3) months by payment of all outstanding premiums, in which case the waiting period (if any) will be applicable.
- k) Upon joining the scheme, copies of IDs of the main member as well as the spouse, children and parents and the nominated beneficiary must accompany the application form. Application form must be signed by the main member.

PARENT COVER:

- a) All parents and parents-in-law must enjoy equal cover and a waiting period of 6 (six) months is applicable for natural causes and suicide.
- b) The maximum age at entry for parents is under 74 years at next birthday. Maximum 4 parents per member
- c) Insured amount per parent: from R1000.00 to R15 000.00. Parent cover should not exceed the cover of the main member.
- d) Upgrading of parent-cover entails 6 (Six) months waiting period on the upgraded amount.
- e) Parents-in-law may be added after the change of marital status.
- f) **Grandparents cannot enjoy cover.**

EXTENDED FAMILY COVER:

- a) All extended family members must enjoy equal cover. A waiting period of 6 (six) months is applicable for natural causes and suicide.
- b) Extended family cover should not exceed cover of the main member. Maximum cover is R15 000.00.
- c) Upgrading of extended family entails a 6 (six) month waiting period on the upgraded amount for natural causes and suicide.
- d) Maximum of 6 Extended Family Members may be added per policy.

*****Premiums of this Scheme are reviewed on quarterly intervals, taking in consideration claim experiences, total membership of the scheme and monthly premiums paid. Notification of an increase in premiums will be given in writing to members one month in advance via sms/letter/Whatsapp message.**

FOR ANY ENQUIRIES: ISABELL VICTOR

Cell: 082 445 2856/066 042 0846 ;E-mail: admin@vikoservices.co.za Website: www.vikoservices.co.za

Underwritten by: AVBOB: No14, 1st Ave, Westdene, Bloemfontein, 9301 Contact: TJ Venter Tel: 051 430 2017

FAIS Ombud: Tel: 012 470 9080 Fax: 012 348 3447 info@faisombud.co.za www.faisombud.co.za ;

NFO:0860-800-900/+27 (0) 66 473 0157 e-mail: info@nfosa.co.za. Address:110 Oxford Rd, Houghton Estate, Johannesburg, 2198 or 6th Floor, Claremont Central Building, Vineyard Rd, Capetown 7700

Verification of contact details of the main member completed by:

Representative



Needs and Affordability Analysis

PAYER

Surname: _____ Occupation: _____

Names: _____ Employer: _____

Source of Income: Salary: Pension: Contract Work: Social Grant: Self Employed:

Salary Date / Date of Income: _____ of the Month

INCOME minus EXPENSES available for Policy: R_____

Cell phone Number: _____ WhatsApp Number or Email: _____

1. Should a family member die, will there be enough cover for a decent funeral after joining this scheme? YES NO
2. Do you find this product suitable to address your needs? YES NO

AFFORDABILITY

- I, as the policy payer, hereby declare that I can afford this Viko Services / AVBOB Group Funeral policy/policies.
- I declare that, after the payment of the policy, there will be enough money left for other personal and necessary expenses.
- I understand that administration fees and commission is payable to the administrator which is included in the premium(s) as per quote.

******I UNDERSTAND THAT THE FIRST PREMIUM IS PAYABLE BEFORE THE COMMENCEMENT DATE AND THAT I WILL PAY THE PREMIUM BEFORE THE 7th OF EACH MONTH. I ALSO UNDERSTAND THAT FAILURE TO PAY MEANS THE CANCELLATION OF THE POLICY. ******
(See the terms and conditions of the policy contract).

I understand that I am responsible for all extra banking costs in terms of bank cash deposit fees. I understand that I am responsible for the replacement costs of a lost payment card.

Signed on the _____ (day) of _____ (month) 202_____

Signature of **Client**

Signature of **Representative**

For office use: FICA ONBOARDING/TRANSACTIONAL DUE DILIGENCE

Client information: - see policy application form

- ID copies and birth certificates for every person named on the policy has been obtained.
- Address and contact details have been confirmed according to RMCP.
- Risk rating (client risk profile): **Low:** **Medium:** **High:**
- Was ML/TF/PF screening conducted? **Yes:** **No:**
- Signed off: _____ (Fica Compliance Officer)

For office use: Control Sheet for Representative:

- ID copies and birth certificates for every person named on the policy has been obtained. **Yes:** **No:**
- Address and contact details have been confirmed: **Yes:** **No:**
- Copies of ID's attached: **Yes:** **No:**
- Back up documents regarding children (foster/ adopted child). **Yes:** **No:** **N/A:**
- Contact numbers confirmed: **Main member:** **Payer:** **Beneficiary:**
- Signed off: _____ (Representative)



CLIENT ADVICE RECORD

Client's / Objective: To obtain an affordable funeral policy paid out in cash.

Needs & Goals Identified - Main member: _____

Needs Identified	Product Recommended	Premium	Indicate if Need is Fully addressed (Yes/No/Partially/Later)			
			Y	N	P	L
Cash funeral policies	Avbob Group: RASMA	R _____ p/m	Y	N	P	L

Advice & Recommendation

- **Advice – this is not a replacement policy.** Client needs extra cover for funeral expenses paid out in cash.
- Client is aware that there is a waiting period of **6 months** on each new policy and is aware of the terms and conditions.
- **Claims will NOT be paid out if premiums are in arrears.**
- **Please note that it is of utmost importance that you read this section carefully and understand it fully before acceptance**

1.	I confirm that a Contact Stage Disclosure letter, setting out the Financial Advisor's full particulars, his/her experience and services offered, has been provided to me.
2.	Where I elected not to take up the Financial Advisor's recommendation of a Full Financial Needs Analysis, or where I explicitly declined to provide any information requested by the Financial Advisor, I confirm that: a) I clearly understand that there may be limitations on the appropriateness of the advice provided, and b) I will take particular care to consider on my own whether the advice is appropriate considering my own financial objectives, financial position and particular needs, particularly any aspects of such objectives, situation or needs that were not considered in light of the circumstances.
3.	Where I elected to conclude a transaction that differs from that recommended by the Financial Advisor, or otherwise elected not to follow the advice furnished, or elected to receive more limited information or advice than what the Financial Advisor was able to provide, I was alerted of the clear existence of any risks to myself and was advised to take particular care to consider whether any product selected is appropriate to my needs, objectives and circumstances.
4.	I understand that the accuracy of a Needs Analysis is dependent on the information provided to or obtained by the Financial Advisor. The advice furnished and product recommendations made by the Financial Advisor are based on the information I provided to the Financial Advisor. I understand that material non-disclosures and misrepresentations could result in inappropriate product(s) being recommended and purchased by me.
5.	I confirm that I was provided with copies of quote(s), marketing brochures, rates and benefit sheets for the product(s) selected. All material terms and conditions of the product(s) selected were explained to me prior to any decision made.
6.	I have been informed of and understand all costs, charges, penalties, and tax implications where applicable. I understand the risks / guarantees (or absence thereof) associated with the product(s) selected.
7.	I confirm that all documents signed by me were fully completed prior to my signing them.
8.	I confirm that where I provided the Financial Advisor with the information required for any risk benefit application forms on my behalf, the Financial Advisor warned me verbally of the risks and consequences of non-disclosure and misrepresentation of such information.
9.	I confirm that the Financial Advisor has made enquiries to ascertain whether the product(s) selected is intended to replace any existing financial products held by me and where applicable, has informed me of the financial implications, costs and consequences of replacement.
10.	Notwithstanding the information provided by the Financial Advisor, I acknowledge that I have an obligation to familiarise myself with the terms and conditions of the product(s) that I have purchased.
11..	I confirm having received a copy of this Client Advice Record.

Client's Signature		Financial Advisor Signature	
Client's Name		Financial Advisor's Name	
Date		Date	



Request to create a recurring payment

Note to Bank: this is NOT a debit order request

TO: (Name of Bank) _____

I _____ [full names and surname]
with ID number, _____

hereby instruct _____ (Name of Bank) to deduct the amount of R_____

from my bank account no: _____

on the _____ (day of the month) starting at _____ (date of 1st deduction)
and monthly thereafter.

Details of the beneficiary – Viko Services PTY (LTD):

Account name: Viko Services

Bank: ABSA

Branch: Welkom

Account type: Current Account

Account number: 4100960877

Reference number: Your Surname and Initials

I understand that this recurring payment is binding, and I am committed to see that there will be enough funds in my account to allow the deduction.

This deduction will be valid until it is cancelled in writing by both parties.

I undertake to be liable for any bank fees that might apply in accordance with my contract.

Signed on this _____ day of _____ (month) 202__.

Signature: Account Holder