

Special Power of Attorney

1. Consent

APPLICANT 1

I, the undersigned

Identity Number:

do hereby nominate and appoint:

Foster Fin
Registration number: 2023/603259/07

with power of substitution, to be my true and lawful agent in my name, place and stead to do all such things as may be required on my behalf to assist me with my financial challenges. Including but not limited to the following actions:

- ✦ To access my credit record and assess my financial health.
- ✦ I give all credit providers, administrators, credit bureaus and debt collectors, as well as their respective agents, permission to release all relevant information about me to Foster Fin (hereafter Foster) and any of their employees assisting me.
- ✦ I give Foster and any of their employees, permission to share my personal and financial information with any relevant credit providers, credit bureaus, attorneys, debt collectors or their respective agents.
- ✦ I give Foster and any of their employees, permission to act on my behalf and negotiate with any credit provider, attorney, administrator or debt collector having a claim against me.
- ✦ I give Foster and any of their employees, permission to audit any credit agreements, contracts, emolument attachment orders, administration orders or judgments in my name.
- ✦ I give Foster and any of their employees, permission to investigate reckless lending, excessive interest and prescription on any of my credit agreements and to audit the compliance with the National Credit Act and any other relevant law.
- ✦ I give Foster and any of their employees, permission to appoint Attorneys to represent me in a relevant court on any matter related to my financial well-being, provided that Foster indemnifies me against all resulting costs.
- ✦ I give Foster and any of their employee's permission to act as my lawful agent in submitting requests in terms of the Promotion of Access to Information Act, 2 of 2000 ("PAIA") to any credit provider on my behalf, as required.
- ✦ I give Foster and any of their employees, permission to act on my behalf in lodging a dispute/complaint with the relevant Ombudsman.

Signed at (place) _____ on this (day) _____ of (month & year) _____

Witness

On behalf of Foster

Witness

Special Power of Attorney

2. Personal Information

APPLICANT 1

First name: Last name:
 Cell: Email address:
 Address: Code:
 Net Income:

Please complete the following section if you are married in community of property.

SPOUSE DETAILS

First name: Last name:
 Cell: Email address:
 Address: Code:
 Net Income:

- ✦ I will not hold Foster, its partners, employees, or agents liable for any loss or damage (whether direct or indirect).
- ✦ I give my consent to receive direct marketing in relation to the financial wellness services offered by Foster to be marketed by means of electronic communication.
 - SMS Email
- ✦ Please indicate how you heard about our services:
 - Internet Search Social Media Referral from a Friend Other

I confirm that Foster’s policy regarding compliance with the Protection of Personal Information Act, 4 of 2013 (“POPI”) has been explained and /or provided to me. I acknowledge that Foster will collect and/or process my personal information in a manner that complies with the provisions of POPI and that my personal information will only be used in accordance with the purpose for which it was collected.

Signed at (place) _____ on this (day) _____ of (month & year) _____

Client signature

Spouse signature
(only if married in community of property)