

Branch			
Name of Team Leader		Name of Proxy Leader	
Code of Team Leader		Code of Proxy Leader	

Duration	Start Date:	End Date:
Reason:		

To tag : All Advisers Selected Advisers (to provide the name of advisers below)

Name of advisers	PIAS Rep Code

This is proxy form number _____ for year _____

1. Validate Financial Planner	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Accompany FC for joint field work	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Coaching Sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Meeting Sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Client Call Back	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement:

Signature of Team Leader		Date	
Signature of Proxy Leader		Date	

Important notes:

- This form must be submitted to the BD at least 48 hours before the start of proxy.
- It is the responsibility of a Team Leader to appoint a proxy who is competent to perform the Competency functions.
- For proxy arrangement Tier 3 Team leader can only be done by another Tier 3 Team Leader.
- Tier 2 Team Leader can have proxy arrangement with either another Tier 2 or Tier 3 Team Leader.
- The Team Leader will bear full responsibility and liability for any outcome resulting from the execution of the proxy.
- The original proxy form will be returned to the Team Leader for filing after approval.
- A submission does not amount to an approval.

For Official Use:

<p>I approve / do not approve this proxy application.</p> <p>Remarks:</p>			
Name and Signature of BD		Date	