

## BUYERS PROTECTION INSURANCE POLICY WORDING

Guardrisk Microinsurance Limited will provide cover in the event of Death, Permanent Disability, Temporary Disability, and Loss of Income/Retrenchment as described in this document, subject to your payment of the premium within the agreed period and your adherence to the terms and conditions of this Policy which are governed by the laws of South Africa.

### GENERAL DEFINITIONS

**Administrator:** Means Monitor Administrator with Company Reg Nr 2003/004608/07.

**Applicable laws:** Means the Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017 and the Protection of Personal Information Act 4 of 2013, and any other legislation dealing with data management and similar processes.

**Benefit:** The amount payable to the Credit Provider on the Death, or Temporary Disability, or Permanent Disability or Retrenchment/Loss of Income.

**Claim:** Means, unless the context indicates otherwise, a demand for Policy Benefits by a Claimant, irrespective of whether the Claimant's demand is valid, made by submitting a completed claim form and supporting documentation to the Administrator.

**Claimant:** Means a person who makes a Claim in relation to this Policy.

**Claim Event:** Means the risk insured under this Policy, based on the Benefits selected and stated in the Policy Schedule. These include Death, Temporary Disability, Permanent Disability and Retrenchment/Loss of Income.

**Claim Event Date:** The date on which the Claim Event occurs, giving rise to a Claim.

**Cooling off Period:** The period of thirty-one (31) Days from the date the Insured receives this Policy document, or from a reasonable date on which it can be deemed that the Insured received this Policy document or from the Commencement Date of the Policy in which the Insured can cancel this Policy, provided that no Benefit has yet been paid or claimed or the Claim Event insured against has not yet occurred, by giving notice to the Administrator and any Premium paid will be refunded in full.

**Credit Agreement:** The credit agreement in terms of which You are indebted to Your Credit Provider and which meets the criteria for credit agreements as set out in section 8 of the National Credit Act, No 34 of 2005 (or as amended), and for which You have arranged insurance cover under the Policy.

**Credit Provider:** The institution that granted You the loan as per the Credit Agreement.

**Commencement Date:** This is the date on which Your Policy commences which is the date the Credit Agreement is entered into and/or the date which the first Premium is paid (whichever is the earlier).

**Day:** means a 24 (twenty-four) hour period, including weekends and public holidays. "Days" shall have a corresponding meaning.

**Death:** Means the natural or unnatural death of an Insured.

**Disability/Disabled:** Means Your Temporary Disability or Permanent Disability confirmed by a registered Medical Practitioner supported by medical testing.

**Exclusion:** Means the losses or risk events not covered under this Policy. Should a Claim Event arise from such Exclusion(s), no Benefit will be payable.

**Insured:** Means You, the borrower, as stated in the Credit Agreement and for whom cover for Benefits is granted under this Policy.

**Insurer:** Means Guardrisk Microinsurance Limited with Registration Number 1991/005238/06.

**Loss of income/Retrenchment:** This means becoming unemployed or unable to earn an income as a result of any action that is beyond the control of the Insured, after the commencement of cover, and receiving no remuneration from any occupation. Loss of income shall also mean being retrenched as a result of the implementation of a staff reduction program, adverse business conditions, the introduction of new technology or the reorganization of the business by Your employer in accordance with the Labour Relations Act of 1955. The loss of income shall not include the termination of a fixed contract, the voluntary termination of a contract by the Insured, any willful steps, actions or decisions by the Insured that leads to the Insured not earning an income. The Benefit will not relate to the loss of any supplementary income whilst the main income remains in full force nor a temporary loss of the main income while employment remains in force.

**Medical Practitioner:** Means a legally and duly qualified medical practitioner registered with the Health Professions Council of South Africa with a valid practice number.

**Monthly Installment:** The monthly loan instalment due in terms of the Credit Agreement. In case of Temporary Disability or Retrenchment/Loss of Income Benefit Claims, this amount will be payable by the Insurer to the Credit Provider for a period as stipulated in the Policy.

**National Credit Act:** Means the National Credit Act, 2005 (Act. 34 of 2005).

**Outstanding Balance:** This refers to the amount owed by the Insured in terms of the Credit Agreement including capital, interest, and fees provided for in the National Credit Act 34 of 2005.

**Period of Grace:** The period of 31 (thirty-one) Days after the Premium payment due date where cover and Benefits are still in force, but the Policy is in arrears, failing a Premium to be paid at the end of such period, would result in the Policy lapsing. The Period of Grace does not apply to the payment of the first Premium in terms of this Policy.

**Period of Insurance:** The period as stated on the Policy Schedule, which is from the date of invoice in terms of the Credit Agreement and every month thereafter until the debt is paid.

**Permanent Disability:** This shall mean the medically certified total Disability as a result of illness, injury, infirmity or disease and which cannot be cured or treated, and which prevents the Insured person from earning an income by following his/her own occupation, or any other occupation for which he/she is suited in terms of training, education, age and experience. An Insured person shall also be deemed to have suffered total and permanent disability upon the loss or loss of use of both hands, both feet (or one of each) or both eyes.

**Personal Information:** Means personal information as defined in the Protection of Personal Information Act 4 of 2013.

**Policy:** This legal document that has the Policy Schedule, the terms and conditions which includes any declarations made at application stage and any endorsements issued in terms of this Policy.

**Policy Schedule:** The Schedule stating the Benefit details and respective Premium rate attached to this Policy.

### **Pre-Existing Medical Condition:**

This means any an illness or bodily injury sustained or contracted by an Insured which the Insured:

1. was aware of; or
2. should reasonably have been aware of; and/or
3. received medical treatment or advice for from a Medical Practitioner in the 12 (twelve) months preceding the Commencement Date of this Policy.

**Premium:** The monthly amount payable, as stated in the Policy Schedule or any endorsement issued in terms of this Policy.

**Repudiate:** In relation to a Claim means any action by which the Insurer rejects or refuses to pay a Claim or any part of a Claim, for any reason and includes instances where a Claimant lodges a Claim;

1. in respect of a loss event or risk not covered by the Policy; and
2. in respect of a loss event or risk covered by this Policy, but the Premium or Premiums payable in respect of the Policy are not paid. "Repudiation" shall have a corresponding meaning.

**Temporary Disability:** This shall mean having suffered a loss of normal income from Your own normal occupation for a period in excess of 30 (thirty) consecutive Days (except in case where the Credit Agreement is not greater than one month) as a result of illness or bodily injury which has been verified by a duly qualified Medical Practitioner, but which is not expected to last. The occupational category for which Benefits will be paid shall be defined as Temporary Disability when Your impaired ability to earn an income or meet the obligations under a Credit Agreement arise as a result of illness, injury or disease which renders You unable to continue Your employment, occupation, profession or trade.

**Variation:** Means any act that results in a change to:

1. the Premium;
2. any term;
3. any condition;
4. any Policy Benefit;
5. any Exclusion; or
6. the duration of the Policy,

"Vary" or "Variations" shall have a corresponding meaning.

**Waiting Period** Means the period from the Commencement Date during which the Insured will not be covered for a Policy Benefit. Any Claim Event arising during the Waiting Period will not be covered and will remain uncovered after the Waiting Period has expired.

**We/Our:** Means the Administrator and Insurer.

**You/Your:** the person named as the Insured in the Policy.

### PREMIUMS

All Premiums are payable monthly by the Insured. Premium rates are guaranteed for the first 12 (twelve) months from the Commencement Date and will be reviewed annually. Any changes to the Premium rate will be notified to You 31 (thirty-one) Days prior to the change taking effect. The Period of Grace allowed for payment of the Premiums is 31 (thirty-one) Days commencing on the first Day of the month in which the Premium is due. If the Premiums are not paid by the expiry of the Period of Grace, the Policy will lapse. Failure to pay the Premium/s will result in Your Policy being cancelled and cover ceasing. Upon cancellation all Benefits will cease, and no cover will remain in force. If a Claim Event arises during the Period of Grace, the Claim will still be considered and if valid, will be paid less the outstanding Premium/s. No Claim will be considered should a Claim Event occur after the Policy has been cancelled.

### CANCELLATION AND COOLING OFF PERIOD

You have the right to cancel this Policy within 31 (thirty-one) Days from receipt of the Policy documentation or within 31 (thirty-one) Days from the date on which it is deemed that You received the Policy documentation or within 31 (thirty-one) Days of the Commencement Date, provided no Benefit has been Claimed, or paid or a Claim Event giving rise to a Claim has not yet occurred, in which instance any Premium paid will be refunded less the cost of any risk cover enjoyed by You making a written request for cancellation. You have the right to cancel this Policy at any other time by giving the Administrator 31 (thirty-one) Days' notice of the intention to cancel. Such cancellation, after the initial 31 (thirty-one) Day Cooling-off Period from the Commencement Date, will not attract a refund of any premiums paid.

If You elect to cancel, You must cede an alternate Policy with the same minimum Benefits that this Policy offers, failing which we reserve the right not to cancel this insurance. This credit life Policy can only be cancelled if the alternate Policy has been approved and accepted by the Insurer.

You may email your cancellation to [xxxx@xxxx.co.za](mailto:xxxx@xxxx.co.za) or contact us on 031-818-0000.

The Insurer may terminate this Policy for whatsoever reason by giving You 31 (thirty-one) Days written notice. The Insurer may immediately cancel this Policy or place it on hold, refuse any transaction or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity.

### SECTION 1 – DEATH, PERMANENT DISABILITY, TEMPORARY DISABILITY AND LOSS OF INCOME/RETRENCHMENT

#### BENEFITS

#### ELIGIBILITY

To be eligible for cover under the Policy You must meet the following conditions at the Commencement Date:

- You must be the first named borrower on the Credit Agreement;
- You must be at least 18 (eighteen) years of age on the date of application for cover;
- You must apply for cover and pay the Premium;
- You must agree to adhere to the terms and conditions of the policy.

#### WHAT WE WILL PAY:

##### DEATH AND PERMANENT DISABILITY BENEFITS

If You die or become permanently disabled during the Period of Insurance, We will pay directly to the Credit Provider an amount equal to, but not exceeding the Outstanding Balance of Your Credit Agreement as at the date of the Claim Event..

##### TEMPORARY DISABILITY BENEFIT

If You become Temporary Disabled, the Insurer will pay the Credit Provider an amount equal to Your Monthly Installment:

1. for a maximum period of 12 (twelve) months, or
2. for the remaining period of Your Credit Agreement, or
3. until You are no longer Disabled.

The Benefit will be payable for whichever is the shorter period.

A Waiting Period of 1 (one) month from Commencement Date will be applicable on policies where the loan term is greater than 6 (six) months.

When paying Your Claim We will consider the first Day of Disability to be the Day a Medical Practitioner certifies You as Disabled and unable to attend work.

##### EXCLUSIONS - WHAT WE DO NOT PAY FOR:

We will not pay any Benefit if Your Death or Disability arises as a result of:

- the use of any nuclear, biological or chemical weapons;
- participation in any hazardous activities, such as mountain climbing, bungee jumping, or speed racing;
- active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations whether war be declared or not), civil war, insurrection, rebellion, revolution, civil commotion or uprisings, military power;
- participation in any criminal activity;
- suicide within the first 12 months of inception of the policy, attempted suicide or self-inflicted injury;
- the abuse of alcohol, drugs or narcotics;
- a Pre-Existing Medical condition that You were aware of within the 12 (twelve) months before the Commencement Date of this Policy.

##### LOSS OF INCOME/RETRENCHMENT BENEFIT

In the event that You experience Loss of Income or become Retrenched the Insurer will pay the Credit Provider an amount equal to Your Monthly Installment:

1. for a maximum period of 12 (twelve) months, or
2. for the remaining period of Your Credit Agreement, or
3. until You find employment or are able to earn an income.

The Benefit will be payable for whichever is the shorter period.

##### EXCLUSIONS - WHAT WE DO NOT PAY FOR:

We will not pay any benefit if You experience Loss of Income or become Retrenched due to:

- lawful dismissal as a result of misconduct, forbidden act or willful dereliction;
- voluntary retrenchment or termination of employment;
- voluntary forfeiture of salary, wages or other employment income;
- resignation;
- retirement;
- participation in an unprotected strike;

Retrenchment of which You were aware or received notice of during the 3 (three) months preceding the Commencement Date.

### SECTION 2 – CLAIMS PROCESS

In the event of a Claim during the Period of Insurance, the Administrator must be notified of all Claims as soon as possible, within 3 (three) months of the Claim Event Date.

All Claim notifications can be lodged by contacting Monitor Administrators on (031) 818 0000 or alternatively by email: [aspiclaims@monitorsa.co.za](mailto:aspiclaims@monitorsa.co.za).

The following documents will be required and must be submitted within 3 (three) months to process the Claim:

In case of Death Claims:

- A fully completed Claim form;
- Certified copy of the death certificate of the Insured;
- Certified copy of the DHA 1663 form;
- Police Report (in case of unnatural death);
- Certified copy of the Insured's Identity Document.

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### In case of Disability Claims:

- A fully completed Claim form;
- A fully completed Medical Report on Disability by a Medical Practitioner;
- A statement from the employer to confirm he/she is no longer able to perform his/her occupation.
- Any additional requirement that We may reasonably require.

### In case of Retrenchment/Loss of Income Claims:

- A fully completed Claim form;
- A Retrenchment letter from the Insured's employer confirming the date and reasons for Retrenchment;
- Proof of actual loss of income (other than as a result of Retrenchment)
- A copy of the UI-19 form;
- Any additional requirement that We may reasonably require.

### SETTLING A CLAIM

Further evidence may be requested in support of Your Claim.

Payment of the Benefits provided in the event of a valid Claim in terms of the Policy will be full and effective, discharging the Insurer and the Administrator of its liability and obligations in terms of the Policy and will be in South African Rands and no Benefit payable under this Policy shall carry interest.

### REPUDIATION OF A CLAIM

In the event of a Claim being Repudiated or You are disputing the *quantum* of the Benefit paid by the Insurer, You are entitled to make representations to the Insurer in respect of our decision to Repudiate the Claim or as to the manner in which the quantum of the Benefit was calculated for a period of 90 (ninety) Days from the date of receipt of the letter of Repudiation or the date of the Claim payment.

If any complaint to Insurer is not resolved to the Insured's/Claimant's satisfaction, the Insured/Claimant may submit a complaint to the relevant Ombudsman Scheme/Regulatory Body for further assistance (see the Disclosure Notice for full contact details).

### SECTION 3 - WHEN THE COVER ENDS

Your Insurance cover under this Policy will end and no further Benefit will be payable, as soon as one of the following occurs:

- The date Your Credit Agreement ends;
- The early settlement of Your Credit Agreement;
- A Benefit is paid in respect of Death or Permanent Disability.
- The lapsing of the Policy due to non-payment of the Premiums after the Period of Grace;
- We advise that Your insurance cover has been cancelled for whatsoever. This will be done by giving 31 (thirty-one) Days notice of our intention to do so.
- You have cancelled the Policy by giving the Administrator 31 (thirty-one) Days' notice.

### SECTION 4 - GENERAL CONDITIONS

- If You do not abide by the terms and conditions of this Policy, You will not be entitled to any Benefit under this Policy.
- The rights under this Policy cannot be transferred to anyone else and this Policy cannot be used to protect any person other than You.
- When Your cover under this Policy ends it will not have a cash value. The Policy also acquires no surrender, paid up or loan values.
- For the purposes of disclosure of private underwriting and claims information You consent and acknowledge that the sharing of claims and underwriting information (including credit information) by insurers is essential may be verified against other legitimate sources or databases to enable the Insurance Industry to underwrite policies and assess risks fairly, and to reduce the incidence of fraudulent claims, and accordingly waive any rights of privacy of insurance information in respect of any claim made.
- Should there be any changes to the original details supplied at the time of application, You must notify the Administrator within 31 (thirty-one) Days of such a change occurring, and the Insurer shall take the action deemed necessary in this regard. Should You not notify of the Administrator of such change, the Insurer reserves the right to reject liability in terms of a Claim or to cancel the Policy.

### MISREPRESENTATION AND FRAUD

If any Claim under this Policy is in any way misrepresented; or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any Benefit under this Policy, and where such action positively results in a claim being paid, or issued to apply for Benefits, all Benefits including Premiums paid under this Policy shall be forfeited. If any of the Claim Events insured against are occasioned by Your intentional act or with Your collusion, then all Benefits under the Policy and all Premiums paid in terms of the Policy will be forfeited and the Policy will be voidable at the Insurers option. Appropriate action will be taken as deemed necessary by the Insurer.

The Insurer shall immediately cancel this Policy or place it on hold, refuse any transaction or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop undesirable or criminal activity.

### VARIATIONS

This Policy is issued on the basis that the information on the Credit Agreement and all declarations made in respect thereof are true and correct and constitute a full disclosure of all facts and circumstances likely to materially affect the assessment of the risk at the time of the issue of this Policy.

The Insurer reserves the right to Vary, add or change the terms and conditions of this Policy only after the first 12 (twelve) months from the Commencement Date by giving 31 (thirty-one) Days written notice of its intention to do so to the Insured. Any Variations and or changes will be binding on both the Insurer and the Insured and can be applied at any time from the Commencement Date to the existing terms and conditions of the Policy, after written communication of these changes has been sent to the Insured's last known address as it appears in our records at that time.

No act or omission to act by the Insurer or any officer or employee of the Insurer shall be deemed to be a representation on behalf of the Insurer upon which the Insured or the Insured's heirs, executors or assigns are entitled to act.

### ERRORS AND OMISSIONS

It is expressly understood and agreed that if failure to comply with any terms of this Policy is shown to be unintentional or as a result of administrative errors or omissions on the part of either the Insurer or Yourself, both the Insurer or You shall be restored to the position You or the Insurer would have occupied had no such error or omission occurred.

The above provision shall apply only to oversights, misunderstandings or clerical errors relating to the administration of this Policy. Any negligent or deliberate acts or omissions by You or the Insurer regarding the cover provided will be resolved by applying the best practice and the Treating Customers Fairly principles as outlined below, together with the Policyholder Protection Rules.

### TREATING CUSTOMERS FAIRLY

This product has been created to meet the needs of our clients. The Treating Consumers Fairly ("TCF") framework principles are viewed seriously by the Insurer and all 6 (six) outcomes, as stated below, are practiced at all times. We will, in all our interactions with any consumer, endeavour to deliver excellent consumer experiences which we will achieve through the ongoing review of all our business practices and analysis of complaints. It is our objective to be fair in our treatment of all consumers and partners and being compliant, in all aspects, of the 6 (six) outcomes of the TCF framework. These outcomes are:

- You are confident that Your fair treatment is key to our culture;
- Products and services are designed to meet Your needs;
- We will communicate clearly, appropriately and on time;
- We provide advice which is suitable to Your needs and circumstances;
- Our products and services meet Your standards and are of an acceptable level; and
- There are no barriers to access our services or to lodge any complaints.

### PROTECTION AND PROCESSING OF PERSONAL INFORMATION

Your privacy is of utmost importance to the Administrator/Insurer. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by You or which is collected from You is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that Your Personal Information collected by the Administrator/Insurer may be used for the following reasons:

- to establish and verify Your identity in terms of the Applicable Laws;
- to enable the Administrator/Insurer to fulfil its obligations in terms of this Policy;
- to enable the Administrator/Insurer to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share Your information for further processing with the following third parties, which third parties have an obligation to keep Your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of Your payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share Your Personal Information with;
- Credit Bureau's;
- Our service providers, agents and sub-contractors that we have contracted with to offer and provide products and services to any policyholder in respect of this policy; and
- Persons to whom we cede our rights or delegate our authority to in terms of this Policy.

You acknowledge that any Personal Information supplied to the Administrator/Insurer in terms of this Policy is provided according to the Applicable Laws.

Unless consented to by yourself, the Administrator/Insurer will not sell, exchange, transfer, rent or otherwise make available Your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and You indemnify the Administrator/Insurer from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer has utilised Your Personal Information contrary to the Applicable Laws, You have the right to lodge a complaint with Guardrisk within 10 (ten) Days. Should Guardrisk not resolve the complaint to your satisfaction, You have the right to escalate the complaint to the Information Regulator.

### NOTICE OF DISCLOSURE

**Important - Please read carefully**

**As microinsurance policyholder, or prospective policyholder, you have the right to the following information:**

### COMPLAINTS PROCEDURE:

Please note that all complaints can be forwarded to the Insurer's Compliance Officer as detailed herein who will forward the matter to the responsible department for investigation. Once the matter is resolved, the outcome will be communicated to you. If you are satisfied with the response, the matter is concluded.

Guardrisk Microinsurance Compliance Officer

Guardrisk Microinsurance Limited  
P O Box 786015, Sandton, 2146  
Email: [compliance@guardrisk.co.za](mailto:compliance@guardrisk.co.za)  
[complaints@guardrisk.co.za](mailto:complaints@guardrisk.co.za)  
Tel: +27 11 669 1000

Should you be dissatisfied with the response, the Ombud for Life- Term Insurance may be contacted

### Your Administrator

Name: Monitor Administrators (Pty) Ltd  
Reg No.: 2003/004608/07  
FAIS Licence Number: 17824  
Physical Address: 45 Old Main Road, Kloof, Kwa-Zulu Natal, 3640  
Postal Address: P O Box 467, Kloof, Durban, 3640  
Telephone Number: 031 8180000  
Fax Number: 031 8180066/67

Legal Status: We, Monitor Administrators (Pty) Ltd, are a company incorporated in terms of the South African company legislations and we have a binder agreement with Guardrisk Microinsurance Limited.  
Professional Indemnity Insurance Cover: We do not have Professional Indemnity Insurance Cover.

### Your Intermediary

Name: Aspis (Pty) Ltd  
Registration No.: 2011/005416/07  
FAIS License Number: 48407  
Physical Address: 45 Old Main Road, Kloof, 3610  
Postal Address: P O Box 467, Kloof, 3640  
Phone Number: 031 8180005

Legal Status: ASPIS (Pty) Ltd is licensed as a financial service provider in terms of section 8 of the financial advisory and intermediary services act, 2002 (act no. 37 of 2002) and does not own or directly hold more than 10% of the insurer's shares and does not receive more than 30% of its total commission and remuneration over the preceding 12 months.

Professional Indemnity Insurance: Aspis (Pty) Ltd has professional Indemnity Insurance cover

### 4.The Insurer (underwriter) with whom your policy is placed

Name: Guardrisk Microinsurance Limited  
Reg No.: 1991/005238/06  
FAIS Licence Number: 51674  
Physical Address: The Marc, Tower 2, 129 Rivonia Road, Sandton, 2146  
Postal Address: PO Box 786015, Sandton, 2196  
Telephone Number: +27 11 669 1000  
Compliance Officer: +27 11 669 1000 or [compliance@guardrisk.co.za](mailto:compliance@guardrisk.co.za)  
Type of Policy: As per the attached policy wording

**Other matters of importance**

**BUYERS PROTECTION INSURANCE**  
**POLICY WORDING**

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- a) You must be informed of any material changes to the information referred to above.
- b) If the information herein contained was given orally, it must be confirmed in writing within 30 days.
- c) If any complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to the FAIS Ombud.
- d) Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.
- e) If premium is paid by debit order:
  - i. it may only be in favour of one person and may not be transferred without your approval; and
  - ii. the insurer must inform you at least 31 days before the cancellation thereof; in writing of its intention to cancel such debit order.
- f) The insurer and not the intermediary must give reasons for repudiating your claim.
- g) Your insurer may not cancel your insurance merely by informing your intermediary. There is an obligation to make sure the notice has been sent to you.
- h) You are entitled to a copy of the policy free of charge.

**.Particulars of the Long-Term Insurance Ombudsman**

Postal address: Private Bag X45, Claremont, Cape Town, 7700  
Telephone number: +27-21- 657- 5000 / 0860 103 236  
Fax number: +27-21- 674- 0951  
Email address: info@ombud.co.za

The Ombudsman is available to advise you in the event of insurance claims problems which are not satisfactorily resolved by the Intermediary. **Particulars of the Fais Ombud**

Postal address: PO Box 74571, Lynwood Ridge, 0040  
Telephone number: +27 12 470 9080/99  
Fax number: +27 12 348 3447

If your intermediary / FSP was unable to resolve a complaint about an insurance product purchased, varied, replaced or terminated, you may submit a complaint to the FAIS Ombud

**Particulars of the Financial Sector Conduct Authority**

Postal address: Financial Sector Conduct Authority, PO Box 35655, Menlo Park, 0102  
Telephone number: +27 12 428 8000  
Fax number: +27 12 346 6941  
Contact centre: 080 011 0443 / 080 020 2087

If any insurance complaint to the Intermediary/FSP or Insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar or Short-term Insurance. **Particulars of the Information Regulator**

(For personal information breaches)  
Postal Address: PO Box 31533, Braamfontein, Johannesburg, 2017  
Telephone: +27- 010- 023- 5200  
Cell number: +27- 082- 746- 4173  
Email address: complaints.IR@justice.gov.za