

## PROTECTION OF PERSONAL INFORMATION ACT (POPIA)

### DATA SUBJECT REQUEST FORM

Section 24 of POPI and regulation 3 of the POPI Regulations provides that a Data Subject may request for their Personal Information to be corrected/deleted as held by us.

As a main rule, your request will be handled free of charge. However, if we were to find your request to be manifestly unfounded, excessive, or repetitive, we may charge a reasonable fee based on the administrative cost of providing the information.

Please fill out the details below and we will get back to you 30 calendar days upon receipt of a fully completed form, proof of identity and other required documents, if applicable.

Details of person making the request	
Details of requestor	Insurer <input type="checkbox"/> UMA <input type="checkbox"/> Broker <input type="checkbox"/> Policyholder <input type="checkbox"/>
FSP Number (if applicable)	
Company Name	
First Name and Last Name	
Phone Number	
E-Mail Address	
Proof of identity of person making the request (tick applicable)	
Driving Licence	<input type="checkbox"/>
Identity Document	<input type="checkbox"/>
Evidence of Legal Guardianship Identity	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>
Role of the person making the request (tick applicable)	
I am the data subject	<input type="checkbox"/>
I am acting on behalf of the data subject by virtue of power of attorney	<input type="checkbox"/>
I am acting on behalf of the data subject as its parent or legal guardian	<input type="checkbox"/>

Nature of request (tick applicable)				
Amendment	Correction	Erasure	Objection to Processing	Consent Withdrawal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of personal details affected by this request				

Description of request

By signing this form, you certify that the information you have provided is correct to the best of your knowledge and that you are the person to whom it relates or that you are legally entitled to act on behalf of such person. You understand that it may be necessary to obtain further information in order to comply with this request.

Signature	Date