

Request for access to record

Policy number

Dear Client. You must complete this request form to consider and finalise this authorisation. Please complete this form fully and correctly, and sign it where required, in black ink. Then hand it over to one of our client service administrators. Alternatively, email it to **InformationOfficer@assupol.co.za**. If you need assistance about this request, contact us on **0861 235 664 (0861 BELONG)**.

Note

- Proof of identity must be attached by the requester;
- If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

Mark with an **X**

Request is made in my own name.

Request is made on behalf of another person.

Personal information

Full names

Surname ID

Cell Tel

Email Fax

Residential or postal address

City or town Province Postal code

Capacity in which request is made (when made on behalf of another person)

Personal information of the person on whose behalf the request is made - if applicable

Full names

Surname ID

Cell Tel

Email Fax

Residential or postal address

City or town Province Postal code

Particulars of record requested

Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.

Description of record or relevant part of the record

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Reference number (if available)

Any further particulars of record

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Type of record

Mark with an "X"

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| Record is in written or printed form | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Record comprises virtual images (<i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Record consists of recorded words or information which can be reproduced in sound | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Record is held on a computer or in an electronic, or machine-readable form | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Form of access

Mark with an "X"

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| Printed copy of record (<i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Written or printed transcription of virtual images (<i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Transcription of soundtrack (<i>written or printed document</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Copy of record on flash drive (<i>including virtual images and soundtracks</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Copy of record on compact disc drive(<i>including virtual images and soundtracks</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Copy of record saved on cloud storage server | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Manner of access

Mark with an "X"

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|---|------------------------------|-----------------------------|
| Personal inspection of record at registered address of public/private body (<i>including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Postal services to postal address | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Postal services to street address | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Courier service to street address | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Facsimile of information in written or printed format (<i>including transcriptions</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| E-mail of information (<i>including soundtracks if possible</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Cloud share/file transfer | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Preferred language (<i>Note: that if the record is not available in the language you prefer, access may be granted in the language in which the record is available</i>) | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected

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Explain why the record requested is required for the exercise or protection of the aforementioned right

Empty text area for explaining the reason for the request.

Fees

- a) A request fee must be paid before the request will be considered;
b) You will be notified of the amount of the access fee to be paid;
c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record;
d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason

Empty text area for providing the reason for the request.

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Mark with an X

Form with checkboxes for Postal address, Fax, and Electronic communication (please specify).

Signature of Requester/person on whose behalf request is made, Date, and Signed at fields.

For office use only

Reference number and Date received fields.

Request received by Information Officer

State position and Name and surname fields.

Signature of Information Officer, Date, and Signed at fields.

About the insurer of the policy

Assupol Life Ltd (registration number 2010/025083/06), is an insurer licensed to conduct life insurance business. Authorised financial service provider. FSP53.

Contact information for Assupol Life Ltd: tel, fax, web, PO Box, Pretoria, Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria, 0181, Compliance department, fax, email, Complaints department, fax, email.