



Proposal Form Private Equity and Venture Capital Management Liability Insurance

1. The proposal form must be completed and signed by a representative of the proposer company who is duly authorised by the proposer to do so
2. Completing and signing this proposal form does not bind Santam to enter into a contract of insurance
3. A legal duty is owed to the insurers to disclose all facts, matters, or circumstances known, or reasonably expected to be known, to the proposer or any proposed insured person which are material to, or which may influence the insurer in the consideration and judgement of the risk being proposed, its acceptance and the particular terms upon which it may be underwritten by the insurers
4. The proposal form is not exhaustive, which means that, after evaluating your answers, we might have additional questions. If there is insufficient space in this questionnaire to provide answers or information, please use additional sheets
5. By completing and signing this proposal form, you accept and acknowledge that you have read and fully understood its contents and their possible effect in relation to the contract of insurance that may be entered into consequently
6. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover ONLY in respect of the entities named under Particulars of Proposer
7. The duty of disclosure will continue throughout the currency of the contract and any material alterations are to be disclosed to underwriters immediately
8. This is a claims-made and reported policy. Except as may be otherwise provided herein, the coverage of this policy is limited to liability for wrongful acts for which claims are first made against the insured while the policy is in force. Please read and review the policy carefully
9. The limit of liability available to pay losses, including judgement or settlement amounts, shall be reduced by amounts incurred for legal defence and other claims expenses. Further note that amounts incurred for legal defence and other claims expenses shall be applied against the applicable retention amount

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www.santam.co.za
Registration number: 1918/001680/06



Santam is an authorised financial services provider (FSP 3416),
a licensed non-life insurer and controlling company for its group companies.

MAIN CONTACT REGARDING THIS RISK ASSESSMENT

1. Name and Surname
 2. Position
 3. Phone number
 4. E-Mail address
-

COMPANY OVERVIEW

1. Company name
2. Principal address
3. Postal address
4. Phone number
5. VAT registration number
6. Company registration number
7. Website
8. Date of Incorporation and subsequent re-registration/ name changes
9. Financial year end
10. Total Revenue
11. Total Assets
12. Principal activities
13. Type of organisation

Sole Proprietor

Private Company – (Pty) Ltd

Personal Liability Company – Inc.

Public Company – Ltd

State Owned Company – SOC

Non-Profit Company – NPC

14. Are any of the proposer's subsidiaries to be included (shared limit)?

If **YES**, please complete Annexure B:

NO YES

For the rest of the proposal form, questions must be answered in such a way as to disclose information pertaining to subsidiaries also.

Insurers will not be held liable for the proposer's failure to comply with local insurance regulations in territories outside of South Africa in which they operate. Accordingly, claims payments will be made in local territories only if non-admitted coverage is permissible. Claims payment will be subject to legal permissibility of coverage in territory.

15. Is the proposer party to any joint venture arrangement or partnership agreement?

If **YES**, please attach details including Partnership Agreements

NO YES

Please attach a copy of the audited financial statements as at latest year-end. If exempt from submitting audited financial statements in terms of section 30 (7) of the Companies Act 2008, please provide full details of exemption and alternative arrangements in place.

REGULATORY COMPLIANCE

1. To which regulatory authorities is the proposer accountable?

2. Is the proposer licensed and compliant with all legislation regulating their business?

If **NO**, please provide details below

NO YES

3. During the last 5 years, has the proposer received any admonishments or critical directives from the regulatory authorities to whom they are accountable?

If **YES**, please provide details below

NO YES

4. Have any complaints been received in the past 5 years?

If **YES**, please provide details (*nature of complaint and how each was resolved*)

NO YES

5. Does the proposer have an in-house legal department?

NO YES

6. Does the proposer use a standard form of contract, agreement or letter of appointment with regard to services performed?

If **YES**, are these regularly reviewed

NO YES

NO YES

7. Are all publications issued by the proposer reviewed by the in-house legal department and /or outside legal advisers?

NO YES

8. Does the proposer have any contract in place with its service providers which contractually limits the service providers' liability or limits or waives the proposer's right of recourse?

If **YES**, please provide details below.

NO YES

Specialist | Financial Lines

Please provide a list of proposer's service providers or agents based on the following functions (mark as n/a if not applicable)

i. Administrator	n/a
ii. Investment Manager	n/a
iii. Custodian	n/a
iv. Stockbroker	n/a
v. Investment Advisor	n/a
vi. Actuary	n/a
vii. External Auditor	n/a
viii. Cash in Transit	n/a
ix. Electronic Data Processing Media Carrier	n/a

STAFF AND LOCATIONS

1. South Africa	No. of employees	No. of locations
Rest of Africa	No. of employees	No. of locations
Rest of World	No. of employees	No. of locations

2. Please list the names and qualifications of all key personnel / key individuals

Name	Length of service	Qualifications	Specific responsibilities
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3. Does the proposer ensure continuing professional development of its professionals?

NO YES

If **NO**, please provide details below on how the proposer ensures that its professionals continue to be competent in the rendering of their professional services.

4. Are any branches and subsidiaries allowed to maintain different operational procedures than Head Office / parent company?

NO YES

If **YES**, is prior approval required from Head Office / parent company?

NO YES

5. Are criminal history, employment history and credit checks performed on all employees including when recruiting new employees?

NO YES

6. Are all employees required to take an uninterrupted, two-week holiday each calendar year? NO YES
7. Are there established employee leaving procedures, including termination of access to computer systems? NO YES
8. Is dual control maintained over the handling of:
- | | |
|---|--|
| i. Securities?

NO YES | iii. Dormant accounts (if inactive for longer than 3 months?)

NO YES |
| ii. Company / corporate cheques?

NO YES | iv. Access codes, test keys?

NO YES |
9. Is there a process in place to have an independent employee check the payroll to ensure that it is accurate and correct, including, but not limited to account numbers and active employees only? NO YES
- If this function is outsourced, is there an audit protocol included in the agreement? NO YES
10. Have any employees been dismissed for any fraudulent activities / dishonesty during the last 12 months? NO YES
- If **YES**, please provide details for each dismissal below.
11. Does the insured have any **direct or indirect** exposure to Colombia, Brazil, Mexico, Ecuador, Peru, Philippines, Honduras, Chechnya, Zimbabwe, Nigeria, Somalia, Sudan, Chad, DRC, Congo, Ethiopia, Afghanistan, Iraq, Iran, Pakistan, Russia, Belarus, Ukraine, Cuba and North Korea? Or to any **sanctioned** individuals or entities? NO YES
- If **YES**, please provide details
12. Is the insured in full compliance with all US, EU and UK sanctions requirements? N/A NO YES
- If **NO**, please provide details

AUDITS

1. Do External Auditors audit all operations at least annually? NO YES
- If **NO**, please provide details
2. Have all recommendations by External Auditors regarding internal controls been complied with following the last audit? NO YES
- If **NO**, please provide details

3. Is there an audit and risk committee which monitors the effectiveness of internal controls and reports directly to the Board? NO YES
- If **NO**, please provide details below on how the board and accounting officer of the company gain the assurance they require on governance, risk management, the control environment and the integrity of the financial statements?

If **YES**, please attach the following:

- | | |
|--|--|
| i. Audit and Risk Committee Terms of Reference | iii. Audit and Risk Committee calendar of activities |
| ii. Audit and Risk Committee Charter | iv. Audit and Risk Committee Performance Evaluation |

4. Is there an Internal Audit Department which has separate duties from the auditing services provided by an external accountant? NO YES

If **YES**,

- | | | |
|--|--|--------|
| i. Is there an established audit cycle, which encompasses all operations? | | NO YES |
| ii. Is the Internal Audit department independent of any other function? | | NO YES |
| iii. Does the Internal Audit team periodically review segregation of duties, accuracy of records, management and supervisory procedures and the physical and non-physical internal controls? | | NO YES |

5. How often are full internal audits conducted?
6. Are all directors and employees required to declare their outside business interests and specify relationships which could lead to possible conflicts of interest? NO YES
7. How often are Board of Directors or Partnership Management Committee meetings held? NO YES
8. Indicate the areas in which formal policies and / or procedures have been implemented by the Board of Directors or Management Committee to address the following:

Asset-Liability Management Policy

Merger and Tender Offers

Audit Policy

Protection of Information

Conflict of Interest Policy

Investment Policy

Risk Management Policy

Directors/Partners appointments

Operational Procedures

Portfolio company valuations

9. What policies do you have in place to detect and prevent insider trading?

10. Please describe typical management and incentive fees.

11. Please describe how fair market value of fund assets is established and monitored

12. Describe your conflict of interest rules and how they are monitored

13. Does the applicant have written procedures and protocols in place to ensure the company complies with continuous disclosure obligations arising pursuant to any legislation, listing rules or other law?

NO YES

If **YES**, are all relevant directors, officers, partners or employees

i. Provided with a copy of the manual and/or guidelines

NO YES

ii. During the past 2 years, have all relevant directors, officers, partners and staff received regular training in relation to their continuous disclosure obligations?

NO YES

iii. Who is responsible for ensuring compliance with continuous disclosure obligations?

14. Describe the membership of the Advisory Board, including composition, roles and responsibilities (Advisory Board means a board or committee identified in the partnership agreement or constitution of the company)

15. Is the Advisory Board consulted / involved in all management decisions?

NO YES

If **NO**, please describe their function

16. Describe the type and frequency of reports sent to investors

17. Describe the process in deciding your exit strategy

18. In relation to the Funds (defined in the policy as any trust, collective investment scheme, Alternative Investment Fund, or other similar entity or any sub-fund or subsidiary, managed, sponsored, operated or administered by the company):

i. What is the typical holding period for investments?

ii. Describe any sector or geographical specialisation

iii. Describe any restrictions or limitations or types of assets or concentrations

iv. Have there been any material changes in the administrative operations or investment policies of any Limited Partnership / Fund during the past two years?

NO YES

v. Do any of the funds' or investment managers' directors, officers, partners and trustees as a group own more than 10% of the outstanding shares of any of the Limited Partnerships/Funds?

NO YES

If **YES**, please provide details

19. In relation to Portfolio Companies

- i. How frequently are the Portfolio Company investments reviewed?
- ii. Describe the investment approval process that is undergone before committing capital
- iii. Please provide a description of the professional services provided by the company to the Portfolio Companies
- iv. Please provide a description of the professional services provided by the company to entities that are not Portfolio Companies. How often and for what reason are these services offered

Santam reserves the right to call for relevant extracts from audit and risk committee minutes during the claim process.

INTERNAL FINANCIAL CONTROLS

*(If the answer to any of the following questions is **NO**, please give full details of any alternative methods of control)*

1. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion without referral to others for:
 - i. Signing cheques or authorising payments? NO YES
 - ii. Issuing fund transfer instructions? NO YES
 - iii. Amending fund transfer procedures? NO YES
 - iv. Opening new accounts, including new vendors, suppliers, service providers etc.? NO YES
 - v. Refunding monies or returning of goods or issuing and any other credit or refund? NO YES
 - vi. Awarding contracts following a tender? NO YES
 - vii. Loading or updating payment beneficiary details? NO YES
2. How does the proposer ensure that payments are made to the legitimate / correct bank account?
3. Are all supporting documents validated before authorising payments? NO YES
4. Is petty cash kept and a quarterly independent check of vouchers, receipt and cash balance made? NO YES
5. Are cash book entries independently checked with bank statements, bank paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with case and unrepresented cheques at regular intervals? NO YES
6. Are monthly bank account statements reconciled in a timely manner? NO YES
7. What is the approximate annual value of fund transfers?

COMPUTER SYSTEMS

1. Are passwords used to give varying levels of access to your computer system and fund transfer systems on the need and authorisation of user basis? NO YES
 If **NO**, describe the alternative methods used to protect access to the computer system.

2. Are passwords changed regularly? NO YES

3. Are access controls designed so that users cannot gain access to programs and files to which they have not been specifically granted access to through a formal procedure? NO YES

4. Are all key source documents maintained in a secure environment prior to being entered into the computer system in order to prevent unauthorised modification or inappropriate use of data? NO YES

5. Does the proposer utilise any recognised software packages to control access to your computer system? NO YES
 If **YES**, does the proposer modify such software to their own specifications? NO YES

6. Are programming and processing operations separated physically and limited as to personnel involved? NO YES

7. Can programming staff operate the live system? NO YES

8. Are there at least two employees on duty during any Data Processing shift? NO YES

9. Is access to Data Processing premises restricted to authorised personnel only? NO YES

10. Are employees allowed remote access to the company's main computer facilities? NO YES
 If **YES**, NO YES
 - i. Is access controlled by 'one time' password systems? NO YES
 - ii. Is access limited to non-sensitive systems and data? NO YES
 - iii. Is the message traffic protected by encryption? NO YES
 If **NO**, please provide further details on controls in place.

11. Is there cyber breach / malware etc. protection software / firewall installed? NO YES
 If **YES**, is this upgraded on a regular basis? NO YES

12. Is intrusion / unauthorised access activity / breaches monitored and reported on a 24 hour basis to penetration specialists? NO YES
 If **YES**, is this an external service provider or internal employees? NO YES

13. Does the proposer use or subscribe to any Electronic Funds Transfer Systems? NO YES
14. Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's database? NO YES
 If YES, please specify which one
15. Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's database? NO YES
16. Does the Proposer permit the initiation of Funds Transfer by telephone instruction from clients? NO YES
 If YES, do all clients to whom this facility is available complete written agreements outlining legal responsibilities, transfer limits and call back parameters for verification?
 If YES, please attach agreement. NO YES
 If NO, please elaborate on the call-back parameters for verification
17. Are all conversations, including these instructions, recorded? NO YES
18. Please describe the procedures adopted when instructions are received telephonically? NO YES

LOSS INFORMATION

(If the answer to any of the following questions is YES, please attach full details)

1. Is the Proposer currently involved in any litigation relevant to coverage sought as a defendant? NO YES
2. Has any application made by the Proposer or its predecessors in business for Professional Indemnity / Civil or Fidelity Guarantee / Crime or Directors and Officers Insurance ever been declined? NO YES
3. Has any Professional Indemnity / Civil or Fidelity Guarantee / Crime or Directors and Officers Insurance Policy in the name of the Proposer or its predecessors in business ever been cancelled? NO YES
4. Please give details of any losses sustained during the past five (5) years (losses of a type that may be covered by this insurance) and before application of any deductible, retention or excess whether insured or not.

Nature of loss	Date committed	Date discovered	Amount
i.			
ii.			
iii.			
iv.			
v.			

5. Please describe corrective measures taken to prevent similar losses and the actions taken against the perpetrator

- i.
- ii.
- iii.
- iv.
- v.

INSURANCE HISTORY AND REQUIREMENTS

1. Details of current Professional Indemnity / Civil or Fidelity Guarantee / Crime or Directors and Officers Insurance or similar insurance

Limit of indemnity

Retention

Retroactive Date

Expiry Date

Please attach expiry policy schedule and wording in order for us to revert back with a comparable quotation. Premium information may be redacted

2. Coverage Requirements

Option 1

Option 2

Option 3

Limit of Indemnity

Each and Every
Claim Excess

INFORMATION ATTACHED TO THE FORM

1. **Organisational chart**
 2. **Annexure A – If North America is Required**
 3. **Annexure B – Schedule of Subsidiaries**
 - i. Please complete the attached schedule (c) detailing all subsidiary companies and any subsidiary companies that have been sold or have ceased trading
 4. **Annexure C – Fund Entity information**
 - i. please complete the attached schedule (d) giving details of all fund entities for which insurance is sought
 - ii. for each fund, please provide a copy of the prospectus and the most recent financial statements
 - iii. for limited Partnerships, please provide a copy of the Partnership agreement
 5. **Annexure D – Portfolio Companies**
 - i. If the information is available by way of providing a copy of the most recent quarterly report for each Fund, please attach copies to the proposal form
 6. **Annexure E – Associated Companies**
 7. **Copies of the CV's of all key personnel**
 8. **Newly established companies - business plan, 5 year financial forecast**
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DECLARATIONS

1. I/We declare that the above statements are true and complete
2. At the present time, other than as stated above, I/We have no reason to anticipate any claim being brought against me/us that would constitute a claim under the Insurance now being renewed or applied for
3. After verification, I/We declare that, in the event of this being a renewal of a policy currently insured via Santam Specialist Solutions, there are NO Material Changes to the risk as submitted to underwriters originally, other than those already disclosed, and in the event of this being a new application that all material facts have been disclosed.
(Material Changes, or Facts, means ANY material fact or circumstances which may influence the insurers decision to accept or decline the risk or to impose additional or different conditions including but not limited to the increase of premiums. Examples of Material Changes or Facts would, amongst others, be, the Company mergers or consolidates with another entity, material changes to the board, acquisition of more than 50% of the issued share capital of the Company by another person or entity, Curatorship, Business Rescue, Liquidation, Listing on or Delisting from a Stock Exchange, material deterioration of the financial position of the Company, etc.)
4. I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.
5. Due to Santam’s FSCA Licensing status and, in light of the requirements set out in the Protection of Personal Information Act 2013 (POPIA), we are not, strictly speaking, allowed to contact you directly and would generally communicate with you via your broker. However, there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy. Therefore, please indicate below how you would prefer to be contacted in the unlikely event that we should need to contact you directly.

SMS
E-Mail
Phone
Mobile
Post

CHAIRMAN

MANAGING DIRECTORS / CEO

Name

Name

Signed

Signed

Date

Date

I. NORTH AMERICA

(If territorial limits of this policy are to extend to North America = The United States of America, being the 50 States of the Union plus the District of Columbia, Canada and any territory operating under the laws of or subject to the jurisdiction of courts of the aforementioned territories)

1. Is the proposer or any subsidiary incorporated in North America?

If **YES**, please provide details

NO YES

Subsidiary	Activities	% Owned
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2. Is the Proposer or any subsidiary domiciled or have operations located in North America?

If **YES**, please provide details

NO YES

Subsidiary	Activities	% Owned
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3. Does the Proposer or any subsidiary have employees or directors residing in North America?

If **YES**, please provide details

NO YES

4. In percentage terms, please provide the proposer's or any subsidiary's

- a. Investments made in North America
- b. Income generated in North America
- c. Assets in North America

5. Does the Proposer or any of its subsidiaries

- a. Have any stocks, shares or debentures in North America (other than by any form of propriety investments made on behalf of third parties)?
- b. Was the offer and is the company compliant with all provisions of
 - i. The United States Securities Act of 1933
 - ii. The Securities Exchange Act of 1934

NO YES

NO YES

NO YES

NO YES

iii. Has a 20-F filing been made to the US Regulatory Authorities

NO YES

c. If any stocks or shares are traded in the form of ADR's please advise

NO YES

Level I	Level II	Level III
Level IV	Sponsored	Un-sponsored

Number of ADR shareholders

Market Value

Please attach a copy of the latest 20-F filing or similar filing made to the USA Regulatory Authorities

6. Does the Proposer or any subsidiary have pension plans registered in North America?

NO YES

If **YES**, what is the total asset value of each plan?

7. Does the Proposer or any subsidiary act as an investment advisor in North America and/or is the Proposer or any subsidiary registered with the SEC under Investment Advisors Act of 1990?

NO YES

If **YES**, please provide details

8. Does the Proposer or any subsidiary have a legal presence in North America (e.g. contractual submission to North American jurisdiction)?

NO YES

If **YES**, please provide details

9. Details of any local policies

ANNEXURE B – SCHEDULE OF SUBSIDIARIES

Name of Subsidiaries <i>(please include status, i.e. Ltd, LP, LLP)</i>	Date Created or Acquired	Percentage of Ownership	Purpose of Company (i.e. GP, Investment Adviser/ Manager)	Name of Parent Company	Total Revenue	Total Assets	Net Income
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ANNEXURE C – SCHEDULE OF INSURED FUND ENTITIES

Name of Fund (please include status, LP,VCT etc.)	Date Established	Country of Registration	Total amount of Commitment	Amount Drawn	Proceeds Realised	Unrealised at book value/BVCA valuation	Number of Portfolio Companies remaining	Internal Rate of Return (gross)
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ANNEXURE D – SCHEDULE OF PORTFOLIO COMPANIES

Name of Company	Date of Investment	% Ownership <i>(Please indicate through which fund No.)</i>	Nature of Business	Private (P) or Listed (L) entity	Cost of Investment	Current Book Value	Board Position Held (YES/NO).
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IF board position is held, please provide the following additional information:

Name of Portfolio Company	Number of Board Positions Held	Directors and Officers Liability Insurance held by the Portfolio Company	Limit of Indemnity	Name of Insurer	Policy number	Does the Portfolio Company Indemnify its Directors and Officers to the fullest extent possible by Law? (YES /NO)
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ANNEXURE E – SCHEDULE OF ASSOCIATED COMPANIES

Name of Company	Date Created / Acquired	Percentage of Ownership	Purpose of Company (i.e. GP, Investment Adviser/ Manager)	Name of Parent Company	Total Revenue	Total Assets	Net Income
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PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Personal Information of Minors (Complete if Applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I,
(full name of competent person), hereby provide my consent to the processing of any information provided herein relating to

(name of minor whose personal information is disclosed herein) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised.

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department:

Email: complaints@santam.co.za
Telephone: 0860 102 725
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za
Postal address: PO Box 31533
Braamfontein, Johannesburg, 2017

Physical address:
JD House, 27 Stiemens Street
Braamfontein, Johannesburg, 2001