

4. Declaration

I declare my answers and statements are true and correct

Signed at															

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																							

Designation											

Signature

Company Stamp

5. POPIA Consent Clause - Employer - Disability

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

The privacy of our Insured is of utmost importance to us. 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.

The Insured's Personal Information will be used to assess this disability claim for the Insured.

You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.

You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.

Signed at												

Date							
Y	Y	Y	Y	M	M	D	D

Signatory First Name(s) and Surname																			

Signature