



Complaint Notification Form

Details

Full name

ID Number

Policy Number

Tel

Fax

Cell

Email

Representative Name

Company

Details of Product

Person(s) you have previously spoken to in connection with your complaint (if applicable)

Details of complaint (please attach any supporting documentation)

POPI Consent and Declaration

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

Signed at

Signature

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

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