

40 PRES BOSHOFF STREET
PO BOX 501
BETHLEHEM
9700

AUTHORISED FINANCIAL SERVICE PROVIDER
FSP 26386



TEL 058 3038221
EMAIL SANDRA@BETHNET.CO.ZA

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

- a) You acknowledge that the sharing of information for underwriting and claims purpose is in the public interest, as it will enable insurers to underwrite policies and assess risks fairly and reduce then incidence of fraudulent claims with a view to limiting premiums.
- b) On behalf of yourself and behalf of anyone you represent herein, you hereby waive any right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claims made or lodged by you, or on your behalf.
- c) You consent to such information being stored in the shared database and used as set out above.
- d) You also consent to such information being disclosed to any insurer or its agents.
- e) You further consent to any underwriting information being verified against legally recognised sources or databases.
- f) You agree that this consent clause will survive the termination for whatever reason of the policy, including its cancellation or lapsing.
- g) To enable the Insurer to underwrite risks fairly, we need your consent to verify and share policy information with insurers and other institutions as well as to access credit information held by other institutions.

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| Consent | Yes | No |
|---------|-----|----|

Signature _____