

ADDENDUM CONCIERGE BENEFIT

THIS FORMS AN ADDENDUM TO YOUR EXISTING MEMBERSHIP WITH THE UNLIMITED FAMILY. THESE TERMS MUST BE READ TOGETHER WITH THE MEMBERSHIP AGREEMENT. IF YOU HAVE QUESTIONS OR NEED A COPY OF YOUR AGREEMENT, KINDLY CONTACT US ON 0861 990 000.

1. WHAT ADDITIONAL BENEFIT DO YOU GET AND WHEN CAN YOU USE IT?

- 1.1. For your increased monthly membership fee (after we pay the premium for insurance Cover) you get the following additional benefit:
 - i. Concierge Benefit: This Benefit is to put You in touch with a personal assistant. We will assist in finding you information and contact numbers for services You need in your daily life. The aim is save you time and help you find what you are looking for.
- 1.2. Unless we tell you otherwise, as soon as we have received payment of the monthly fee you can start using your additional benefit.
- 1.3. Your use of the benefits is subject to the terms of this agreement and any insurance Policy, schedules, amendments and endorsements.

2. WHAT SERVICES HAVE YOU GOT AND WHEN CAN YOU USE THEM?

2.1. Your Concierge Benefit services

2.1.1. Home Related Services

Need help with a household crisis: Example your Geyser has burst? We will find You the contact details for home related matters. We can find contact details for plumbers, electricians, landscapers, party suppliers, cake makers, caterers, furniture removal companies or cleaners etc. in your area.

2.1.2. Motor Related Services

Motor problems? We will contact all the workshops and car dealerships in your area and source the best prices for any vehicle parts and accessories that You are looking for, from brakes and shocks, to alarm systems.

2.1.3. Travel Related

Time for a holiday or a business trip? We can give you the name and contact details for all your travel needs. As examples, hotels and accommodation, airlines, travel agencies, car rental, buses or trains. Where We can, we can even make the booking if you ask us to.

2.1.4. Dining Referral and Reservation Assistance

Don't know where to eat or how to satisfy that craving? We can provide you the name and contact details for restaurants. Where possible, we can make a booking for you, if you ask us to.

2.1.5. Special Events

Looking to be entertained? We have information of special events, musical performances, theatre, sport events or movies. Where possible, we will make a booking for you if you ask us to.

2.1.6. Shopping Service

Can't find what you are looking for? Members will receive information about where they can source items they wish to buy – from retail goods, sports equipment, household items etc.

2.1.7. Medical Related Services

Need a 24-hour pharmacy? We can assist You with name and contact details of hospitals, pharmacies, ambulance services, medical equipment suppliers for wheelchairs, crutches, oxygen tanks or other medical equipment.

2.1.8. Education Facilities

New to an Area? We can help with names and contact details for places or education. As examples Day Care facilities, schools, universities, colleges.

- 2.2. All services are provided over the telephone. The cost of the call and cost of the fulfilment of the services is for your account.
- 2.3. We do not accept any liability and we do not warrant the workmanship or services rendered when you utilise a service provider that we locate or assist you in finding. Example: If we provide you with the contact details of a plumber and he repairs your geyser, we will not be responsible for the work done.

3. HOW DO YOU ACCESS YOUR CONCIERGE BENEFITS?

- 3.1. You access your benefits by calling us on 0861 990 000.
- 3.2. You will be assisted between the hours of 8am till 5pm.

4. IMPORTANT: WHEN WE WILL NOT PROVIDE YOU WITH CONCIERGE BENEFITS?

- 4.1. If you do not pay your fee, you will not be able to use the benefits.
- 4.2. If you have committed fraud or have not given us all your correct details (now or when you use a benefit).

5. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST?

- 5.1. This membership agreement is month to month. It will renew on the same terms each time we successfully collect the monthly fee.
- 5.2. You can cancel at any time – give us a call so we can assist you and help you make the right decision. There is a cooling off period of 31 days (calculated from the start date) in which you can cancel and receive a refund **BUT ONLY IF** you have not used any of the benefits.
- 5.3. We can change this agreement but we will give you 31 days' notice (warning) before we change any of these conditions. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.
 - 5.3.1. **One of the changes we might make is a change to when or the amount you pay in respect of the Fee. This will happen if you accept more membership or insurance benefits from us or annually if we need to do a price increase.**

6. FOR COMPLAINTS AND COMPLIANCE

It is important to us that you are happy with your benefits. If you are unhappy for any reason, please call us on **0861 990 000** and give us a chance to see if we can set things right.

Disability Waiver

This is an endorsement to your existing Policy (main insurance benefit) and forms part of the Agreement and Policy you have with us and must be read together with those terms. If you need a copy of your Policy terms or Agreement, call us on 0861 990 000.

“In terms of Binding General Ruling No. 14 this document constitutes a tax invoice, debit note or credit note as contemplated in sections 20(7)(a) and 21(5)(b) of the VAT Act respectively”

1. DETAILS OF THE INSURER

Although your policy is administered by The Unlimited (FSP Number 21473) your short-term Insurance Policy is underwritten by Centriq Insurance Company Limited, a registered short-term insurer and an authorised financial services provider (FSP 3417) “the Insurer”.

2. PREMIUM PAYABLE

The additional premium for the Cover of the main member is **R30.00** (VAT is included at a rate of 15%). **IMPORTANT: ONLY YOU THE MAIN MEMBER IS COVERED FOR THIS BENEFIT.**

As soon as we have received your first premium you can start using your insurance benefits (the “Start Date”), subject to any waiting period that may apply (see clause 4.3). If you are unsure, you can call us at any time on 0861 990 000 to confirm the Start Date of your insurance benefits.

3. YOUR POLICY BENEFITS

We agree to pay your claim/s subject to the terms, conditions, exclusions and cover limits; in consideration of, and conditional upon:

- i. the prior payment of the premium/s by you or on your behalf and receipt thereof by us or on behalf of us;
- ii. You having agreed that any proposal/application or other information supplied by, or on behalf of You, including any recorded phone calls made to or received by You e.g. sales calls, will be the basis of this agreement of insurance;
- iii. where the insurance is varied or extended, the insurance provided by such Additional Benefit, Special Clause, Variation and Extension or endorsement is subject to the terms, conditions, exclusions and limitations of the Policy in so far as they can apply; and
- iv. compliance by You with all the terms, conditions, limitations and exclusions contained in this policy, which is a condition precedent to Our liability under the policy. Any breach shall entitle the Insurer to reject any claim/s made in respect of the risk insured.

DISABILITY WAIVER BENEFIT

Who is covered?	What is covered?	Benefit limits
You, the main member only.	We will pay the monthly fee on the membership and policy you have with The Unlimited from the date of disability. This is when you, the Main Member, is determined as having a permanent total disability as a direct result of an injury sustained in an accident (accidental injury) or an illness.	The monthly payment on your active product as at date of disability until you turn 70 years old or you pass away or if your policy is cancelled. Waiting period may apply. See clause 4.3 below. Deferment Period may apply (see below).

IMPORTANT POLICY CONDITIONS

1. The accidental injury or illness which causes the permanent total disability must have happened after you added this Disability Waiver Benefit to your Policy and product.
2. Your membership and policy must be active and your fee obligations must be up to date at date of disability.
3. The **date of disability** shall be determined by the Insurer and shall mean the date on which you, the main member, become totally and permanently disabled on the basis of objective medical and/or professional evidence, consistent with the definition assigned to permanent total disability in this Policy (see below in clause 8).
4. To properly determine whether you, the main member, is totally and permanently disabled, the Insurer may, on the basis of objective medical and/or professional evidence, impose a **deferment period** of up to 6(six) months. To be clear, this means that the insurer may require that a period of (6)six months elapse from the date of the accidental injury or illness that caused total permanent disability before payments will be made in terms of the Disability Waiver benefit.

4. CLAIMS PROCESS CONDITIONS

These are detailed claims conditions and are requirements that must be in place or complied with by You so that You can enjoy the benefits of the policy.

4.1. When can you claim?

- 4.1.1. Unless there is a waiting period (see 4.3 below), as soon as we have received your first premium you can start using your insurance benefits (the **Start Date**). You can only claim for the benefits covered under this policy if we successfully receive your monthly premiums.
- 4.1.2. The insured event must have happened in South Africa and after the **Start Date**.

4.2. Time period to submit a claim?

- 4.2.1. Your claim form and supporting claim documents (refer Clause 4.4 below) must be submitted to Us within **30 days** of the insured event. If you do not provide us with the information we need to process your claim; the Insurer is entitled to reject your claim.

4.3. Waiting Periods?

- 4.3.1. The waiting period applicable in this endorsement to your Policy will be calculated from the first successful collection of the premium (which includes the additional premium for this Disability Waiver Benefit).
- 4.3.2. Claims for the Disability Waiver Benefit, where the permanent total disability was caused by illness has a waiting period. We have to successfully receive **12(twelve) consecutive** premium payments before you can claim. The waiting period will start from the date we successfully receive your first premium (refer to Clause 4.1.1 above) until we have received the required 12(twelve) premium payments.
- 4.3.3. **IMPORTANT:** If this policy lapses (due to non-payment of premium/s), the waiting period/s will **start again from month 1(one)**. This means that if you skip a premium payment at any time, your cover in terms of this policy will end (refer to **Clause 6.3 Premiums**). If you make, and we accept any further successfully premium payments, the waiting period/s will start again from the date we receive the premium/s until such time as we have successfully received the required premium payments as noted in 4.3.2. above.

4.4. How do you claim your insurance benefits?

- 4.4.1. It's simple, **CALL US ON 0861 990 000** and we will guide you through the process.
- 4.4.2. Conditions for the Disability Waiver Benefit claim:
 - a. You will be required to provide us with a completed claim form, a clear certified copy of your ID document, as well as the specific medical information we require to process your claim (refer to 4.2 above for the time period in which to do so).
 - b. The medical information, in the form of Hospital admission forms/Hospital records detailing treatment, that you need to provide us with, should be obtained by you from the clinic/hospital or the doctor/nurse that treated you. That medical information must contain at least the following information:
 - the date and time of your admission into, and discharge from, the hospital/clinic;
 - contact details of the hospital;
 - the final diagnosis of the accidental injury/s and the reason for the time spent in hospital;
 - all medication and treatment administered to you;
 - details of any procedures you underwent;and
 - the long-term prognosis for your injuries.
 - c. Please note that where an incident was reported/or should be reported to the SAPS; we could require you to provide us with a copy of the Police or Accident Report.
 - d. We reserve the right to request that our own medical and/or professional expert examines you in order to confirm or assess the total permanent disability.
 - e. We reserve the right to request additional supporting documents from time to time, should we be unable to validate the claim with all the information requested above.
- 4.4.3. If we approve a claim; you will be required to provide us with a copy of your bank statement, that clearly shows the name of the account holder, the account details, as well as the Bank date stamp.
- 4.4.4. All costs incurred in submitting a claim are for Your account.
- 4.4.5. Your claim documents can be sent to us by any of the below methods:

THE UNLIMITED – CLAIMS DEPARTMENT

Postal Address: Private Bag X7028, Hillcrest, 3650
Physical Address: 1 Lucas Drive, Hillcrest, 3610
Email Address: claimsdocs@theunlimited.co.za
Fax Number: 086 206 4069

- 4.4.6. Failure by you to comply with our reasonable requests, non-cooperation in the investigation of claims or the submission of specific claim validation documents/information may result in rejection of your claim by the Insurer.
- 4.4.7. There are some more important details under **Point 5 (How to claim)** in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this policy.

4.5. Who will we pay?

- 4.5.1. We will meet the monthly payments as and when they fall due on the membership and Policy. Payment of the monthly fee will discharge Our liability.
- 4.5.2. We will meet the monthly payments until:
 - a. You reach the age of 70 years, or
 - b. You die, or
 - c. You request the insurer and/or us to cancel your membership and Policy, or
 - d. The date the insurer cancels your Policy (see below clause 6.4).
- 4.5.3. Please note that you may, at the time of claim choose to have a lumpsum payment made. You will be paid an amount equivalent to the balance of the sum of the monthly Fee amount at date of disability calculated to the date you turn 70 years. This payment will be considered full settlement of the Policy benefits. **As an example: at date of disability, you are 40 years old. There are 360 months until you would reach the age of 70 years. If your monthly fee for your existing product at date of disability is R100 per month, your lumpsum payment would be calculated as follows: $360 \times 100 = R36\ 000.00$. To be clear, if we elect to have the lumpsum payment, it becomes your responsibility to pay the monthly fee for your membership (which includes the Policy) otherwise the Policy will lapse and you will not have Cover.**

4.6. Claim rejections

- 4.6.1. If the insurer rejects your claim; then you have 90 days from the date of the decision to challenge the insurer's decision on a claim by writing to us or the Insurer with reasons. If the insurer's decision remains unchanged, and you want to start a legal process, you have an additional 180 days to do so or your claim will lapse.
- 4.6.2. There are some more important details under Point 5 (How to claim) and Point 6 (How to submit a complaint) in the STATUTORY AND FAIS DISCLOSURE NOTICE attached to this Policy.

5. COVER EXCLUSIONS

Exclusions are specific items, losses or events that are not covered in terms of Your policy. These are specified below and it is important that you read and understand Your policy.

- 5.1. We will **NOT** pay a claim (general exclusions that apply to all benefits):
 - 5.1.1. if you participate in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack;
 - 5.1.2. loss which is a direct result of nuclear reaction or radiation;
 - 5.1.3. for any events that occurred before we receive your first premium payable in terms of this Policy or if you fail to pay any premium on or before the due date for payment;
 - 5.1.4. if your claim is because of your attempt to commit or willingly involving yourself in an unlawful act, dangerous conduct, self-inflicted harm and/or substance abuse (for example, drugs and alcohol);
 - 5.1.5. if you have committed fraud, or you have not told us the truth or you have not given us all your correct details including about your health (now or when you claim); and
 - 5.1.6. if you fail to pay any premium on or before the due date of payment, subject to **clause 6.3 below**.
- 5.2. In addition to the above general exclusions in 5.1 above, We will **NOT** pay a claim in terms of the Disability Waiver benefit:
 - 5.2.1. if your injuries or illness do not result in your total and permanent disability;
 - 5.2.2. if your fees are not paid in up to date at date of disability;
 - 5.2.3. if you were total and permanently disabled at time taking out the membership and Policy;
 - 5.2.4. if you are not up to date with your fees during the deferment period (if any applied);
 - 5.2.5. if you pass away before your date of disability is confirmed by the Insurer; and
 - 5.2.6. if your existing Policy to which this benefit is an endorsement terminates for any reason, you will not have cover for this endorsement or any of your other Policy benefits.

6. GENERAL POLICY TERMS AND CONDITIONS (that apply to the entire policy)

The terms and conditions in a policy set out the general and special arrangements, provisions, requirements, legal rules, specifications, and standards that form an integral part of the agreement between you and us. Your policy document/wording is a very important document and you must read and understand it.

- 6.1. From time to time we may in our sole and absolute discretion offer to increase your Cover at no additional cost or obligation to you. We will notify you of any increases by SMS to the number you have on record with us. We may further review the premium rates and change the premium or benefits at any time. If the premium or cover benefits change for any reason, you will be given 31 days' prior written notice to that effect.
- 6.2. We will only provide Cover for people whose names and birth dates you have given us. They must be South African citizens or have residential rights in South Africa. **THIS POLICY BENEFIT IS FOR YOU THE MAIN MEMBER ONLY.**
- 6.3. **Premiums:**
 - 6.3.1. If we can't deduct the premium from your bank account (for example, if you don't have funds), you will not be covered (unless you make payment during the grace period). To allow us to restore your Cover, you agree that if we cannot collect the premium from your bank account in any given month, we can try and collect from your account for the next three months. If we successfully debit your bank account again, the date of that collection will be the new policy Start Date. Any bank charges incurred as a result of the above will be for your own account. You will not have Cover for the unpaid

months.

6.3.2. There is a 15-day grace period from the date your premium was due within which you can make payment to ensure you have Cover. Please note that the 15 days' grace period is only effective from your second month of insurance following your initial Start Date. If this policy lapses, due to the non-payment of your premium/s, the cover provided under this policy will end.

6.3.3. This Policy is month to month. It will renew on the same terms each time we successfully collect the monthly premium.

6.4. Cancellation of Policy:

6.4.1. Unless previously cancelled by reason of Your membership of The Unlimited family terminating, you can cancel your Policy at any time.

IF YOU WANT TO CANCEL THIS POLICY, YOU CAN CALL US ON 0861 990 000 OR EMAIL US BY ACCESSING WWW.THEUNLIMITED.CO.ZA

6.4.2. We can cancel this Policy at any time should you not fulfil your duties under this policy, or if you are dishonest or fraudulent in your actions, by:

a. Us giving you immediate notice in writing of cancellation for fraudulent or dishonest actions or the Non-payment of premium (Subject to Clause 6.3 above); and

b. Us giving You 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

6.4.3. We can change or cancel this policy at any time including the insurance benefits, but we will send you at least 31 days' notice (warning) before we change any of these conditions.

6.4.4. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

7. FOR COMPLAINTS AND COMPLIANCE

7.1. It is important to us that you are happy with your Cover. If you are unhappy with us or your policy, please contact us and give us a chance to see if we can set things right – **0861 990 000**.

7.2. If you are still not happy and it is about your COVER/CLAIM, then refer to **Point 6 (How to submit a complaint) of the STATUTORY AND FAIS DISCLOSURE NOTICE**.

8. WHAT DO THESE WORDS MEAN?

8.1. **"accident"** means an external, violent, unexpected and visible event, but which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.

8.2. **"accidental injury"** means an injury sustained as a direct result of an accident which causes you or any other insured person to be admitted by a doctor to a hospital for a period of 24 hours (or more) in a row and which injury could not have been attended to as an out/day patient or at home.

8.3. **"Date of Disability"** shall be determined by the insurer and shall mean the date on which you, the main member, became totally and permanently disabled on the basis of objective medical or professional evidence, consistent with the definition assigned to total permanent disability in this Policy (see below).

8.4. **"Deferment Period"** means a period of up to six months that has to elapse from the date the insured event that led to the total and permanent disability before the insured person is entitled to the Disability Waiver Benefit. To be clear, during any deferment period, you must make your monthly payments in terms of the membership and Policy.

8.5. **"Doctor"** means a medical practitioner or relevant professional/specialist, licensed and practising with the Health Professional's Council of South Africa. The Doctor cannot be a family member or friend of the insured person.

8.6. **"illness"** means any sudden and unexpected sickness as diagnosed and certified by a competent Doctor and which commencing or first showing signs during the period of insurance (i.e. not before you had this Cover). Illness excludes injury.

8.7. **"insured event"** means subject to the Policy terms and benefit limits, a single accident or illness which results in the main member's total and permanent disability or death (accidental or natural) from any cause not excluded under this Policy.

8.8. **"insured person"** means you, the main member, who is covered under the insurance policy.

8.9. **"premium"** means the monthly amount payable to the insurer for the Cover.

8.10. **"total and permanent disability"** means your, the main member's, total and permanent inability to resume normal day to day living functions as a direct result of an accidental injury or illness and subject to confirmation by the insurer based on objective medical and/or professional evidence. Factors that will be considered include, your inability, following the accidental injury or illness, to resume employment, unassisted movement and loss of control of your bodily mechanics.

8.11. **"waiting period"** means the period specified in this Policy during which we need to collect a specified number of successful fees from you before you are entitled to claim under the Policy, calculated from the Start Date.

8.12. **"we"** means The Unlimited Group (Pty) Limited. We provide intermediary and binder services in respect of this policy.

8.13. **"you"** means the main member and policyholder under this Policy.

FAIS DISCLOSURE NOTICE
DISCLOSURES REQUIRED IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT ("FAIS")

As a short-term insurance policyholder, or prospective policyholder, you have the right to the following information:

Financial Advisory & Intermediary Services Act No. 37 2002 "FAIS Act"

The FAIS Act requires compliance by Product Suppliers (insurers) and Financial Services Providers (intermediaries or brokers) with a General Code of Conduct that was introduced to assist you in making informed decisions about the insurance products that you purchase. It also aims to ensure that your Product Supplier and Financial Services Provider render financial services honestly, fairly, with due skill and diligence and in your interests and the integrity of the financial services industry.

You will receive a FAIS Disclosure Notice at the inception of your policy and at each subsequent Renewal (or Anniversary) date. The FAIS Disclosure Notice contains certain information about your Product Supplier and Financial Services Provider that you are entitled to together with information about the Ombud and the Registrar. Should you experience any difficulties in obtaining required details, please contact your Financial Services Provider for further assistance.

1. DETAILS OF THE INTERMEDIARY, BINDER HOLDER AND THE INSURER

DETAILS	BINDER HOLDER	INTERMEDIARY and FINANCIAL SERVICES PROVIDER (FSP)	INSURER
Name & Company Reg. No.	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. No. 2002/002773/07	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. No. 2002/002773/07 VAT no. 4360161139	Centriq Insurance Company Limited (Centriq) Reg. No. 1998/007558/06 VAT No. 4230187124
Legal Status	The Unlimited Group (Pty) Limited is an authorised financial services provider (FSP No 21473) and mandated to act as a binder holder on behalf of Centriq.	The Unlimited is an authorised financial services provider (FSP No 21473). The Unlimited is licensed to provide intermediary services in respect of category 1.1, 1.2, 1.3, 1.6 and 1.20. The Unlimited accepts responsibility for all financial intermediary services provided by its agents and representatives and confirm that services are rendered under supervision.	Centriq is a registered short-term insurer and an authorised financial services provider (FSP No 3417).
Compliance Department	031 716 9600	031 716 9600	011 268 6490
FAIS Compliance Officer	Moonstone Compliance (Pty) Ltd: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	Moonstone Compliance (Pty) Ltd: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	The Internal Compliance Officer is assisted by Compli-Serve (Pty) Limited and is contactable on 011 268 6490
Physical Address	1 Lucas Drive, Hillcrest, 3610	1 Lucas Drive, Hillcrest, 3610	The Oval, 2nd Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Postal Address	Private Bag X7028, Hillcrest, 3650	Private Bag X7028, Hillcrest, 3650	PO Box 55674, Northlands, 2116
Telephone No.	0861 990 000	0861 990 000	011 268 6490
Facsimile	021 883 8005	086 500 9307	011 268 6495
Email Address	cingle@moonstonecompliance.co.za	info@theunlimited.co.za	info@centriq.co.za
Website	www.theunlimited.co.za	www.theunlimited.co.za	www.centriq.co.za

2. The Intermediary and Binder Holder

(a)	Legal status and any interest in the insurer	The Unlimited is a private company and has no interest in the Insurer.
(b)	Conflicts of Interest	The Unlimited has not identified any conflicts of interest as defined in the FAIS act. The conflict of interest policy is available on our website at www.theunlimited.co.za
(c)	Insurance cover	The Unlimited holds Professional Indemnity Insurance, IGF Insurance and Fidelity cover.
(d)	Rand amount of commission payable	The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with the insurer. The Unlimited earns a binder fee of 25% in respect of non-motor business on the gross premium in respect of the binder functions and incidental activities undertaken on behalf of the insurer. The Unlimited also earns commission of 20% in respect of non-motor business on the gross premium.
(e)	Consequences of non-payment of premium	Your payment should be made on or before the due date to avoid the cancellation of the policy. Should you fail to make payment on or before the due date, you have a period of grace for the payment of premiums. This provision will apply with effect from the second month of the currency of the policy. The consequences of non-payment of the Premium will be that cover will lapse (i.e. you will not be covered). You will be notified of the non-payment and given a grace period of 15 days to pay the outstanding premium. Your policy will remain in force for a period of 15 days after that due date/payment date.
(f)	Whether more than 10% of the insurer's shares are held or whether more than 30% of total remuneration was received from the insurer	The Unlimited does not hold more than 10% of the insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the insurer.
(g)	Rand amount of monthly premium, of binder fees and of commissions earned	Please refer to the Insurance Policy for the monthly premium amount. The premium payable to the insurer in respect of the policy is R8.65 including VAT.
(h)	Extent of premium obligations you assume as policyholder.	See Insurance Policy.
(i)	Manner of payment and due date of premiums	See Insurance Policy and Master Agreement. Due Date is as agreed by customer at time of acceptance (on your call log or Application form).

3. Name, Class or Type of Policy

Full details about the name, class and type of policy involved are reflected on your policy schedule and are also contained in the policy wording. Policy schedules should always be read in conjunction with the policy wording. Should you require any explanation about the terms, conditions, exclusions, provisions, premiums, excesses (or deductibles) or any other information, please contact your Financial Services Provider for assistance.

4. Claims Procedures

Should you wish to claim, please call The Unlimited on 0861 990 000. You must notify The Unlimited within 30 days of your claim arising and provide all the documentation and information requested for your claims to be accurately assessed. If your claim is not approved you need to make representation to the Insurer within 90 days or lodge a legal process within 180 days. You may also contact a claims specialist at claims@centriq.co.za. In the event that you are dissatisfied with all these mechanisms, please contact the Short-Term Insurance Ombud on the details provided below.

5. Complaints Procedures

If you have a complaint about this policy, you can write to The Unlimited at info@theunlimited.co.za or call the Customer Care line on

0861 990 000, or fax us on 0865 009 307. If you still are not satisfied then you can call the Centriq Complaints Department at any of the addresses above, or email them on faiscomplaints@centriq.co.za.

FAIS Ombud

If you have a problem with the way the product was sold to you or the disclosures that were made to you, please contact The Unlimited for assistance. If you are not satisfied with the reply, you may submit your complaint in writing to the FAIS Ombud at PO Box 74571, Lynwood Ridge, 0040. The FAIS Ombud can also be contacted on Telephone: 012 470 9080, or Fax: 012 348 3447 and email: info@faisombud.co.za.

Short-Term Insurance Ombud

If the matter is still not resolved to your satisfaction, please submit your complaint to the Ombudsman for Short-Term Insurance at: PO Box 32334, Braamfontein, 2017.

Telephone: 0860 726 890 or 011 726 8900, Fax: 011 726 5501, Email: info@osti.co.za.

Alternatively, you can submit a complaint in writing to the Registrar of Short-Term Insurance at: PO Box 35655, Menlo Park, 0102. Telephone: 012 428 8000, Fax: 012 347 0221.

6. Important Matters

- You must be informed of any material changes to the information referred to herein. If the information herein was given orally, it must be confirmed in writing within 30 days.
- If any complaint to the Financial Services Provider or the insurer is not resolved to your satisfaction, you may submit the complaint to the Short-Term insurance Ombudsman or the FAIS Ombud.
- If your premium is paid by means of debit order:
 - o It may only be in favour of one legal entity or person and may not be transferred without your approval; and
 - o The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel cover.
- Your insurer must give reasons for rejection of your claim.
- Your insurer may not cancel your insurance merely by informing your Financial Services Provider. There is an obligation to make sure that the notice has been sent to you. You are entitled to a copy of the policy free of charge.
- You are entitled to a copy of the voice log of the sale.
- Polygraphs or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such test.
- Should you have any complaints about the availability or adequacy of information required to be provided herein, please bring this to the attention on 0861 990 000.
- Your policy document contains the name, class and type of policy as well as details of procedures to follow in the event of a claim. Should anything not be clear, please contact The Unlimited on the numbers provided above.

7. Warning

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents you receive.
- Make a note of what was said to you.
- Don't be pressurised to buy the product.
- Incorrect or non-disclosure by you of material facts may have a negative impact on the assessment of a claim arising from your contract of insurance.

8. Waiver of Rights

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waive any right or benefit conferred on the client by or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

9. Sharing of Information

Insurers share information with each other regarding policies and claims. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing you insurance you hereby not only consent to such information sharing, but also waive any rights of confidentiality with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

10. Use of Your Personal Information

When you enter into this policy you will be giving us your personal information that may be protected by data protections legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all reasonable steps to protect your personal information.

You authorise us to:

- (a) Process your personal information to:
 - (i) Communicate information to you that you ask us for.
 - (ii) Provide you with insurance services.
 - (iii) Verify the information you have given us against any source or database.
 - (iv) Compile non-personal statistical information about you.
- (b) Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control.
- (c) Transmit your personal information to any third party service provider that we may appoint to perform functions relating to your policy on our behalf.

You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed.