

WELL DONE!

You're now part of *The Unlimited family*
where **nothing** is ever too good to be true.



*The Insurance benefits underwritten by Centriq Insurance Company Limited (Reg. No. 1998/007558/06).

YOUR MEMBERSHIP AGREEMENT AND INSURANCE POLICY

All you need to know

The Unlimited
Shifting Lives

An authorised financial services provider

FSP21473

THE UNLIMITED FAMILY MEMBERSHIP AGREEMENT

PRIORITY4U

1. WHO IS PART OF THE UNLIMITED FAMILY AGREEMENT?

- 1.1. You and anybody else who is financially dependent on you and whose names and dates of birth you have provided to us and who we have agreed to include as members. This can include your spouse and/or children who are dependent on you.
AND
- 1.2. Us, The Unlimited Group (Pty) Limited. We bring you the benefits and provide intermediary services in respect of the insurance Cover.
AND
- 1.3. Insofar as the insurance Cover is concerned, the insurer whose details are on the insurance Policy.
- 1.4. By making payment of your monthly premium you:
 - i. agree and want to be a party to this membership agreement;
 - ii. allow us to fulfil on our obligations to you in terms of this agreement. To allow us to do this you agree that we can share your information with our partners, business associates, agents, representatives and other relevant third parties; and
 - iii. agree that we can market other products and services to you, share market innovations with you and you consent that we can submit your information to credit institutions (including credit bureaus) to update, process and monitor your information to guide us in making decisions about product development and suitability of offering, affordability, market conduct and activities related to our business and providing goods and services to you.
- 1.5. You must be under the age of 65 to enter into this membership agreement. The membership agreement will end when you turn 70.
- 1.6. For any questions on your service benefits, please call us on 087 357 7777 for assistance.

2. WHAT BENEFITS DO YOU GET AND WHEN CAN YOU USE THEM?

- 2.1. For your monthly membership premium, we negotiate rates and terms on your behalf and arrange insurance cover for you.
- 2.2. From time to time we may bring you other offers and benefits from our service providers as part of your membership.
- 2.3. Unless we tell you otherwise, as soon as we have received payment of the first monthly premium you can start using your benefits, but the insurance Cover may be subject to waiting periods in the insurance Policy. The premium is payable to the Insurer for the cover and service benefits.
- 2.4. Your use of the benefits is subject to the terms of this agreement and any insurance Policy, schedules, amendments and endorsements.

3. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST?

- 3.1. This membership agreement is month to month. It will renew on the same terms each time we successfully collect the monthly premium.
- 3.2. 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 30 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.
- 3.3. We can change this agreement but we will give you 30 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.

4. 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 **087 357 7777** and give us a chance to see if we can set things right.

5. GOVERNMENT EMPLOYEES

- 5.1. As you are a Government employee and have given us your Persal number:
- i. You authorise your employer to deduct the premium from your salary via Persal (being National and Provincial Government’s personnel salary system) and pay the premium over to the insurer;
 - ii. You authorise The Unlimited to deduct the premium from any of your bank accounts which you have given us, if the Government is unable to deduct the premium in favour of the insurer from your salary via Persal; and
 - iii. Should any changes in terms of this agreement resulting in either the cancellation of the agreement or an increase in premiums, be required, such changes need to be communicated to Persal on or before the 23rd of the month in order to be effective in the following calendar month. If an instruction is received by Persal after the 23rd of the month, for example if an instruction to cancel the Agreement is received by Persal on the 25th of June, the Agreement will only be cancelled effective the following month in August (and the premium will be deducted from your salary in July). THIS WILL ALSO IMPACT THE DATE FROM WHEN YOU ARE FIRST COVERED, FOR EXAMPLE, IF THE PAYMENT INSTRUCTION IS ONLY RECEIVED BY PERSAL ON THE 25TH OF JUNE, YOU WILL ONLY BE COVERED FROM 1 AUGUST (PROVIDED THERE ARE NO WAITING PERIODS) – YOU WILL NOT BE COVERED IN JULY.
- 5.2. If you are no longer on Persal as a Government employee or we are unable to collect on Persal, and wish to keep your cover, we will be able to change the collection of your monthly premium to a debit order, if you give us the correct mandate.
- 5.3. For debit order collections, we make use of NAEDO a collection system and tracking on your account, to make sure we can collect fees as close as possible to your pay date and ensure a successful collection to keep you covered.

INSURANCE POLICY: ACCIDENT CASH, DEATH AND PREMIUM CASH BACK BENEFITS

DETAILS OF THE INSURER:

Centriq Insurance Company Limited, is a registered short-term insurer and an authorised financial services provider (FSP No 3417) and the entity that will pay the policy benefits subject to the terms and conditions of the policy being met.

TABLE OF POLICY BENEFITS (“Cover”)

The premium for the Cover for main member and spouse is R99.99 (VAT is included at a rate of 15%).

If you include your children on this Policy, the additional premium for the Cover will be an amount of R109.99 (VAT is included at a rate of 15%).

Subject to the acceptance by you of the terms set out in this policy, the insurer will provide the following Cover:

ACCIDENT CASH BENEFIT		
Who is covered?	What is covered?	Benefit limits
An insured person (whose names and date of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: • Your Children, under the age of 21. <i>*the applicable Premium will Apply</i>	We will pay an insured person the daily amount stated under Benefit limits following admission to hospital for a full day (that is 24 hours in a row) as a direct result of an injury caused by an accident (accidental injury).	Up to a maximum of R100,000.00 per insured event, per insured person. An insured person will be covered for R1,000.00 per day for up to 100 days, for each day spent in hospital as a direct result of an accidental injury.

DEATH CASH BENEFIT		
Who is covered?	What is covered?	Benefit limits
An insured person (whose names and date of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: • Your Children, under the age of 21. <i>*the applicable Premium will apply</i>	The death of You or your spouse from any cause not excluded in this policy.	R10,000.00 (ten thousand Rand)
	The death of your child from any cause not excluded in this policy.	
	Child 0 – 11 months	R1,000.00 (one thousand Rand)
	Child 1 – 5 years	R2,000.00 (two thousand Rand)
	Child 6 – 13 years	R3,000.00 (three thousand Rand)
	Child 14 – 21 years	R4,000.00 (four thousand Rand)
PREMIUM CASH BACK BENEFIT		
Who is covered?	Benefit limits	
Main Member only. This benefit cannot be claimed if another Insured Person passes away.	Your spouse or the executor of your estate will be paid an amount equivalent to the total number of Premium we have successfully collected from You. This amount will be calculated from the first successful collection of your monthly Premium up to the last Premium successfully collected before your death. Interest is not applicable and will not be paid.	
EMERGENCY MEDICAL RESPONSE BENEFIT		
Who is covered?	What is covered?	Benefit limits
An insured person (whose names and date of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: • Your Children, under the age of 21. <i>*the applicable Premium will apply</i>	24 Hour Medical Advice and Information Hotline – Telephonic	Qualified nursing staff are available 24 hours a day to provide general medical information and advice via telephone. Telephonic Advice Only.
	Emergency Medical Response to scene of a Medical Emergency (primary response)	You will be transported by the appropriate road or air transport, with qualified personnel, to the nearest and most appropriate hospital facility for an emergency.

EMERGENCY MEDICAL RESPONSE BENEFIT		
Who is covered?	What is covered?	Benefit limits
<p>An insured person (whose names and date of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*:</p> <ul style="list-style-type: none"> • Your Children, under the age of 21. <p>*the applicable Premium will apply</p>	<p>Emergency Medical Transportation – Pre-hospital</p>	<p>In a medical emergency, we will arrange and pay for the emergency medical transportation. You will be taken to a government hospital unless the emergency medical personnel can ascertain if you have appropriate cover for a private hospital.</p>
	<p>If the initial emergency medical transportation was provided by the EMS call centre, the following additional benefits are available to the member where applicable and medically justifiable.</p>	
	<p>Inter-hospital Transfer</p>	<p>We will move you from one hospital to another if the hospital that you are being treated at cannot provide the treatment that is required. The hospital we transfer you to will not be your choice of hospital.</p>
	<p>Telephonic in-hospital monitoring</p>	<p>24 Hour telephonic medical helpline where you can access information and advice on general health issues. Telephonic Monitoring Service.</p>
	<p>Compassionate Visits</p>	<p>If You are hospitalised outside Your home town (100km or more from Your house), we will arrange and pay for an economy class return transportation for 1 person, up to a maximum of R2,000.00 (incl. VAT) in one year, for your spouse, biological child or parent to visit you. You must have been in hospital for at least 5 days.</p>
	<p>Repatriation of mortal remains</p>	<p>If you die, in South Africa, but further than 100 km from where you usually live, we will transport your remains from the mortuary/funeral home to one in your home town, in South Africa. This benefit is subject to a Rand limit of R5,000.00 per year (incl. VAT).</p>
	<p>Escorted Return of Minors</p>	<p>We will arrange and pay for the transportation of your children, into the care of a person chosen by you, within South Africa.</p>

IMPORTANT NOTICE

This Short-term Insurance Policy is underwritten by Centriq Insurance Company Limited (Reg. No. 1998/007558/06). Centriq agrees to provide the cover under this Policy during any period of insurance for which You have paid a Premium (i.e. the Fee) and subject to the terms and conditions of this Policy being met. We will accept any proposal or declaration that You have made to Us as true, and Centriq shall use that information as the basis for the cover provided under this Policy. If Centriq makes any changes to Your Policy those changes will then form part of the Policy. PLEASE NOTE THAT THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP. THIS POLICY IS NOT A FUNERAL POLICY.

"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. WHEN CAN YOU CLAIM?

- 1.1. Unless there is a waiting period (see 1.2), as soon as we have received your first premium, you can start using your insurance benefits (the **"Start Date"**).
- 1.2. Claims for natural death have the following waiting periods for the event giving rise to a claim:
 - i. 6 (six) months from the Start Date in the event of natural death – **6 consecutive premium payments; or**
 - ii. 12 (twelve) months from the Start Date in the event that natural death is directly or indirectly caused by venereal disease, acquired immune deficiency syndrome ("AIDS"), HIV or AIDS-related complications, irrespective of how the disease is contracted or whether it has led and/or contributed to further complications/illness including, but not limited to, tuberculosis, gastroenteritis, multiple organ failure, hepatitis or pneumonia – **12 consecutive premium payments.**
- 1.3. If this policy lapses, the policy and waiting periods will start again on your next successful payment.
- 1.4. For the Premium cash back benefit, there must be a valid death benefit claim paid out on your death. To be clear this benefit can only be claimed if the main member (you) pass away and not if the policy is terminated for any other reason.
- 1.5. For the accident cash benefit; if an insured person is admitted into a hospital for 3 (three) days or longer, you must provide us with a letter from the doctor who is treating the insured person. That letter must contain at least the following information: the date and time of the insured person's admission into, and discharge from, the hospital; 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 the insured person; details of any procedures the insured person underwent; the long-term prognosis for the insured person's injuries.
- 1.6. For your emergency medical response benefit:
 - 1.6.1. You must contact the 24-hour Emergency Medical Alarm Centre (**"EMS call centre"**) on 087 357 7777 to use any of your EMS benefits or services.
 - 1.6.2. If you use the benefits without contacting the EMS call centre for approval first, you must notify us within 72 hours of the medical emergency having occurred.
 - 1.6.3. If you have a medical aid, the invoice for ambulance transportation will be submitted to your medical aid for payment.
 - 1.6.4. If you incorrectly receive an invoice from the ambulance service provider, you may submit the invoice to us for reimbursement within 2 (two) months of the date of the medical emergency.
- 1.7. The insured event must have happened in South Africa and after the Start Date. From time to time we may in our sole and absolute discretion offer to increase your Cover at no additional cost to you. We will notify you of any increases by SMS to the number you have on record with us.

2. HOW DO YOU CLAIM YOUR INSURANCE BENEFITS?

- 2.1. It's simple, **CALL US on 087 357 7777**. Our agents will guide you through the process if you want to claim or you just have a query.
- 2.2. We will need certain documents from you which help us decide your claim or to provide the service, for example a hospital admission form, death certificate or a police report. We may also need you to give us other documents. **If you don't give us the documents, within 30 days of the insured event, we cannot properly assess or pay your claim or provide the service.**
- 2.3. If the person we have to pay ("**the beneficiary**") does not live in South Africa, the insurer may make payment into a foreign bank account and:
 - i. the beneficiary will need to meet any requirements of the insurer; and
 - ii. the claim will be paid to the value of the Rand amount and subject to any requirements made on the insurer both by South African law and the laws of the country where the bank account is held.
- 2.4. Neither we nor the insurer will be responsible for meeting any legal requirements the beneficiary must meet to receive payment of a claim in South Africa or another country.
- 2.5. If we decline your claim, we will give you 90 days from the date of our decision to challenge our/the insurer's decision on a claim by writing to us with reasons. If we still decline your claim, and you want to start a legal process, you have an additional 180 days to do so or your claim will lapse.
- 2.6. If you have any other health insurance policies, the maximum daily limit per insured person for hospitalisation for an accidental injury cannot exceed R3,000.00 from all policies combined. We shall not be liable to pay or contribute more than our pro rata portion of the maximum payable daily limit, subject to the maximum limit provided by this policy or whichever is the lesser.
- 2.7. Failure to submit a fully completed Claim Form and all requested documentation within 30 days of the insured event may result in Your claim being regarded as rejected (not taken up).
- 2.8. All costs incurred in submitting a claim are for Your account.
- 2.9. **There are some more important details on how to claim in the FAIS DISCLOSURE NOTICE attached to this policy.**

3. WHO WILL WE PAY?

- 3.1. You, into your South African Bank Account. If you have died, we can pay your spouse or the executor of your estate - or beneficiary **BUT** they will need to give us proof of their status (for example, identity details or letters of executorship).

4. WHEN WILL WE NOT PAY A CLAIM (Exclusions)

We will NOT pay a claim:

- 4.1. For the death benefit, if you or an insured person has a pre-existing health condition that relates to a claim. This is a condition you had or have before the Start Date and includes any pre-existing illness, injury, infirmity or congenital disorder (whether mental or physical).
- 4.2. For the accident cash benefit:
 - 4.2.1. if your injuries are treated in a 'casualty unit', or if because of the nature of your injuries you should be treated as an outpatient or a day case at a hospital;
 - 4.2.2. if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged your admission to hospital; and
 - 4.2.3. if your treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations).
- 4.3. For the Premium cash back benefit:
 - 4.3.1. We will not pay interest on the total or any individual amounts.
- 4.4. For the emergency medical service benefit:
 - 4.4.1. For minor (i.e. non-life threatening) illness or injury which can be treated locally, by your family doctor (for example, and which do not require emergency medical transportation).
 - 4.4.2. If you are hurt playing professional sport or sport played in a national or provincial competition.

- 4.5. For your participation in war, invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or loss which is a direct result of nuclear reaction or radiation.
- 4.6. For any events that occurred before The Unlimited receives your first premium payable in terms of this agreement.
- 4.7. We will not pay if your claim is because of you willingly involving yourself in an unlawful act, dangerous conduct, self-inflicted harm, riot, civil unrest, terrorist attack and/or substance abuse (for example, drugs and alcohol).
- 4.8. 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.
- 4.9. 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.
- 4.10. 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).

5. FOR COMPLAINTS AND COMPLIANCE

- 5.1. 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 - **087 357 7777**.
- 5.2. If you are still not happy and it is about your **COVER**, then:
 - i. the insurer would like to hear from you. Their details are in the attached **FAIS DISCLOSURE NOTICE**; and if this still hasn't helped, this policy is regulated by the **FAIS OMBUD** and the **SHORT-TERM INSURANCE OMBUD**. Their details are also in the **FAIS DISCLOSURE NOTICE**.

6. WHAT DO THESE WORDS MEAN?

- 6.1. **"accident"** means an unexpected but insured event caused only by violent and/or accidental, external, physical and visible means, which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.
- 6.2. **"accidental death"** means the death of an insured person as a direct result of an accident. In cases of accidental death, a post-mortem and an inquest are held.
- 6.3. **"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.
- 6.4. **"acquired immune deficiency syndrome/AIDS"** has the meanings assigned to them by the World Health Organisation and includes, without limitation, Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus ("**HIV**"), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a seropositive test for HIV.
- 6.5. **"additional treatment"** means any and all treatment you or any other insured person receives for conditions other than the treatment received or required to be received directly related to the insured event for which you or any other insured person are covered.
- 6.6. **"children/child"** means your biological children, stepchildren and/or adopted children normally living with you in South Africa, who are financially dependent upon you and who are under the age of 21.
- 6.7. **"hospital"** means a place that holds a licence to provide treatment for sick or injured persons as inpatients, with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.
- 6.8. **"insured event"** means an insured person's admission to hospital because of an accidental injury or death from any cause not excluded in this policy.
- 6.9. **"insured person"** means you, your spouse and/or your children or any person who is covered under the insurance policy.
- 6.10. **"medical emergency"** is when you become sick or injured unexpectedly which becomes life threatening and where you need medical transportation urgently to the nearest most appropriate hospital.
- 6.11. **"natural death"** means the death, from any cause not excluded, of an insured person as a direct result of a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.

- 6.12. **"pre-existing condition"** means any medical condition whether affecting your mental, physical or emotional well-being which existed prior to the original Inception (Start Date of your cover) or reinstatement or re-issue date of your policy for which you have had treatment or should have sought medical help given your symptoms.
- 6.13. **"premium"** means the monthly amount payable to the insurer for the cover.
- 6.14. **"spouse"** means a person to whom you are married by civil law, tribal custom or in terms of any religion. A spouse also includes your life partner who normally lives with you in South Africa.
- 6.15. **"waiting period"** means the period specified in this policy during which we need to collect a specified number of successful Premiums from you before you are entitled to claim under the policy, calculated from the Start Date.
- 6.16. **"we"** means The Unlimited Group (Pty) Limited. We provide intermediary services in respect of this policy.
- 6.17. **"you"** means the 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. Nr. 1998/007558/06 VAT No. 4230187124

DETAILS	BINDER HOLDER	INTERMEDIARY and FINANCIAL SERVICES PROVIDER (FSP)	INSURER
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 licenced 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, 3650	1 Lucas Drive, Hillcrest, 3650	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	0865 009 307	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 the binder functions and incidental activities undertaken on this product. The Unlimited also earns commission of 3% on the gross premium in respect of this product.
(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.
(h)	Extent of premium obligations you assume as policyholder.	The premium payable to the insurer for main member and spouse is R99.99 (VAT is included at a rate of 15%). If you include your children on this Policy the additional premium for the Cover will be an amount of R109.99 (VAT is included at a rate of 15%).
(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 087 357 7777. 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 087 357 7777, 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	Telephone: 0860 726 890 or 011 726 8900
Braamfontein	Fax: 011 726 5501
2017	Email: info@osti.co.za .

Alternatively, you can submit a complaint in writing to the Registrar of Short-term Insurance at:

PO Box 35655	Telephone: 012 428 8000
Menlo Park	Fax: 012 347 0221
0102	

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 rejecting 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 087 357 7777.
- 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 regard 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 your 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; and
 - (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.

