Poshdev Funerals

29 Sunbird Street | Vereeniging | 1929

Tel: 083 444 0919

Poshdev is a Juristic Representative of Exodec FSP43212

SOCIETY PLAN APPLICATION FORM 1+5 OR 1+9

New Client:	**Yes ☐ or No ☐**	**Existing Client:**	**Yes ☐ or No ☐**	**Policy reference number (if applicable):**	

Do you consider yourself a Politically Exposed Person (PEP) or are you related to any PEP?	**Please tick Yes ☐ or No ☐** **Please complete the PEP form attached.**

PRINCIPAL MEMBER DETAILS:	**Mr ☐ Miss ☐ Mrs ☐**	**Male ☐ Female ☐**	**ID Number:**		
Date of Birth:	d d m m y y y y	**Passport Number:**			
Surname:		**First Names:**			
Mobile / Tel:		**Tel (W):**		**Email Address:**	
Occupation:		**Source of Income:**	**Salary ☐ Pension ☐ Government Grant ☐ or Other ☐ _____**		
Country of Birth:		**Country of Residence:**		**Citizenship:**	
Nationality:		**Method of Transaction:**	**Debit Order ☐ Persal ☐ Easypay ☐ Other ☐ _____**		
Street/ Postal Address:				**Code:**	

SPOUSES, CHILDREN AND NOMINATED FAMILY (MAXIMUM AGE 74)

Full first names and surname	Age	Relationship	ID number	Gender
1.				M F
2.				M F
3.				M F
4.				M F
5.				M F
6.				M F
7.				M F
8.				M F
9.				M F

TICK YOUR CHOICE OF BENEFIT

Cover amount	1+5<65	1+5<70	1+5<75	1+9<65	1+9<70	1+9<75
R 5 000	R 150	R 155	R180	R 220	R 240	R 240
R 10 000	R 180	R 190	R 230	R 270	R 300	R 317
R 15 000	R 210	R 230	R 260	R 320	R 360	R 400
R 20 000	R 240	R 270	R 300	R 370	R 420	R 470

Premiums for the scheme will not change or be varied during the first 12 (twelve) months from the Commencement Date unless there are reasonable actuarial grounds on which to do so. Any change to the premium will be communicated to the Policyholder 31 (thirty-one) days before any increase takes effect and such communication will also confirm any increase to the benefit amount, if applicable.

Monthly Premium Due: R

BENEFICIARY

Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 years or older. You may change your beneficiary at any time. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.

Title		**First names**	
Surname		**Relationship**	
ID No		**Contact no**	

Monthly Premium: The Policy becomes active on receipt of the first paid premium.
Premium payment received after the 7th of the month, will be payment for the following month.

YOUR DECLARATION AS THE CLIENT

I declare to the best of my knowledge and understanding that the particulars on this application form are true and correct. I confirm the following by ticking each block.

☐ I can afford the policy monthly premium and I am not replacing an existing funeral policy with this policy

☐ I can afford the policy monthly premium and I am replacing an existing funeral policy with this policy - **(If this is a replacement policy, please complete the below only:)**

Are you currently insured on an alternate funeral policy?	**YES ☐ NO ☐**	If YES, will you be cancelling that policy and replacing it with this one?	**YES ☐ NO ☐**
Has the waiting period for natural death already expired on the alternate policy?	**YES ☐ NO ☐**		

Please Provide us with:

a) Policy number of alternate policy:	**b)** Name of insurer with whom the alternate policy is with:
c) Confirmation all premiums on the alternate policy are paid up to date **YES ☐ NO ☐**	**d)** Is the benefit selected on this policy the same of your current alternate policy? **YES ☐ NO ☐**
e) If NO, please confirm the difference:	

☐ This funeral policy suits my financial needs and expectations and I have read the terms and conditions and understand them and accept them.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, provided by you for the purpose of this application, 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. You hereby agree to give honest, accurate and up-to-date Personal Information in order to process and accept this application. You accept that your Personal Information collected by Us may be used for the following reasons: 1. To establish and verify your identity in terms of the Applicable Laws: 2. To enable Us to proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. You understand that if the Administrator/Insurer has utilised your Personal information contrary to the Applicable Laws, you have the right to lodge a complaint, with Guardrisk or with the Information Regulator.

Principal Member Signature		**Date**	d d m m y y y y

Fees disclosure: 66.50% Risk premium including 9% Binder Fee, 5% Guardrisk Life, 12% Profit, 7.5% commission

Administrator: Exodec 229 (Pty) Ltd FSP43212 **Email:** info@exodecgroup.co.za **Fax:** 086 608 7594 **Compliance:** Leona Prinsloo CO4920 **Email:** lprinsloo@mweb.co.za

General terms and conditions: Society Plan

- The maximum entry age for an Insured and /or nominated family dependants is under 65 / 70 / 75 years (depending on the selected option).
- Cover for all nominated family members remains in place provided the premium remains payable. (Children and extended family members included).
- Unmarried mentally / physically disabled Children who are totally and completely dependent on the Principal Member will be covered as long as the policy is in force.
- Cover will be provided for a maximum of 5/9 nominated family members. (e.g., Spouse, additional Spouses, Children, Dependent Children, Extended Family)
- Once the Principal Member's cover ceases, the policy can be taken over by a nominated family member on the Policy within 30 (thirty) Days.
- Only RSA residents and SADC citizens legally residing in RSA can be covered.
- **The Insurer reserves the right to cancel the policy with 31 (thirty-one) Days' notice at any stage for whatsoever reason.**
- The Insurer will not change or Vary the Premium rate during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the Variation will be to the benefit of the Principal Member. After the first 12 (twelve) months, the Insurer reserves the right to review and change the premium and cover annually.
  Any changes to the Premium rate will be notified to the Principal Member 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Principal Member with reasonable steps, such as an option to terminate the policy or to reduce the policy benefit or to enter into an alternate policy, to mitigate the impact of the increase on the Principal Member. The Premium rates may be amended or changed, based on the following factors; past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

Nominated Family Benefits.

- Brothers, sisters, parents and parents-in-law can be covered as part of the 5/9 nominated family members.
- Maximum entry age: under 65 / 70 / 75 years (depending on the selected option).
- Extended Maximum entry age: under 74 years for Extended's. Maximum 4 can be added.
- Premiums for the basic benefit are quoted as a fixed Rand amount per month.
- Policy is a grouped policy and is annually renewable.
- The nominated family member can cease membership while the Principal Member remains a member, but the Nominated Family Member cannot be readmitted.

Exclusions

- The Insurer will not pay any Funeral Benefit or any Extended Family Benefit if Death was directly or indirectly caused, resulting from or in connection with any of the following: a. active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; b. the deceased's deliberate exposure to exceptional danger, except in an attempt by the deceased to save a human life; c. The deceased's active participation in the commission of a criminal activity resulting in a claim event.
- **6 (six) calendar months Waiting Period for natural death from the Commencement Date of cover for Funeral or Extended Family Benefit.** The Insurer will have no liability for a Claim Event if Death for any Insured is directly or indirectly caused by or attributable to natural causes during this period, unless proof is supplied to the Insurer of previous cover for such Insured in the 31 (thirty-one) Day period prior to the Commencement Date of this Policy, and where such similar cover with the alternate insurer was replaced with this Policy and where the waiting period on such prior policy had already expired. Where the waiting period has not yet fully expired, the unexpired part of the waiting period will remain in force until expiry.
- Claims due to Accidental Death will not be subjected to a Waiting Period, on condition that the first premium is paid.
- **When taking up a higher benefit a 6 (six) calendar months Waiting Period for natural death will apply to the increased amount and not the current benefit cover enjoyed.**
- When adding a new nominated family member, a 6 (six) calendar month waiting period for natural death will apply from receipt of first premium with this family member included for cover.
- When taking over existing affiliation schemes Guardrisk Life Limited will require proof of membership with the prior underwriter for the Waiting Period for natural death to be waived, if not available the full Waiting Period for natural death will apply.
- Children under 6 years will qualify for a maximum of R 20 000 cover.
- The sum assured for Extended Family Members cannot exceed that of the Principal Member.
- An Extended Family Member can cease membership while the Principal Member remains a member, but that Extended Family Member cannot be readmitted.
- **Premiums**
  Premiums must be paid by the 7th of the month in advance for the month for cover to remain in force. Should premiums not be paid in terms of the policy, cover ceases and should the Principal Member wish to re-join after 2 (two) months, they will be treated as a new entrant, with the full 6 (six) months waiting period for natural death restarting. The policy will lapse after 2 (two) premiums missed within a 12 (twelve) month cycle. The policy will be cancelled should the arrear premium/s not be paid in full before 2 (two) months of non-payment has passed. All outstanding premiums due must be paid before the end of the 2nd month. For all premium payments please always keep proof of payment for your records.
- The Policy becomes active on receipt of the first paid premium.
- Premium payment received after the 10th of the month, will be payment for the following month.
- **Suicide will not be covered during the first (1) year of membership from the date of receipt of the first month's premium.**
- A stillborn is not included for cover.

Funeral Benefit

- Exodec/Guardrisk Life Limited must be notified of Funeral claims within 6 (six) months of an Insured's death. Even if all the required information is not yet available, it must still be notified of the potential Claim.
  The following information is required to process a Claim (standard claims package):

Principal Member

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document
- Certified Copy of the death certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of the beneficiary identity document
- Proof of nominated RSA bank account for benefit payment not older than 3 (three) months
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.

Nominated Family Members (e.g. Spouse, additional Spouses, Children, Dependent Children, Extended Family Members)

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified copy of the Principal Member's identity document
- Certified Copy of the deceased's identity document
- Certified Copy of the death certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of the beneficiary identity document
- Proof of nominated RSA bank account for benefit payment not older than 3 (three) months
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.
- If a benefit under this Policy is an Unclaimed Benefit, Exodec will take any and all appropriate action to determine if the Beneficiary is alive and/or aware of the benefit payable to him/her under this Policy. Specifically, in the 3 (three) year period after the Unclaimed Benefit arises.
- Before the end of the 3 (three) year period referred to above, Exodec will confirm the Unclaimed Benefit and transfer the amount of the Unclaimed Benefit to an account in the name of the Insurer, and the Insurer will accept liability for the Unclaimed Benefit.
- A maximum period of 6 (six) months from the date of Death is permitted to submit all funeral claim requirements. Failure to comply with this will result in closure of the file and no further evidence being considered for assessment and processing of a Claim, unless there are extenuating circumstances acceptable to the Insurer for the late submission.

NB: the below are extracts and summaries from the Policy and do not replace the official Policy, which contains all rights of members.

On signing this document Exodec will confirm the offer of Insurance has been accepted on behalf of Guardrisk Life. Cover will commence on receipt of the first premium.

Fees disclosure: 66.5% Risk premium including 9% Binder Fee, 5% Guardrisk Life, 12% Profit, 7,5% commission

Disclosure Notice: Long-term Insurance Policyholder Protection Rules 2017 (PPRs)
Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2003

Your Intermediary **Business Name:** Exodec 229 (Pty) Ltd **Registration number:** 2016/486897/07 **Physical address:** 1st Flr Royal Palms Building, cnr Loch Street & Pierneef Blvd, Meyerton, 1961 **Postal address:** PO Box 934, Meyerton, 1960 **Telephone:** 016 362 0334 **Website:** www.exodecgroup.co.za **FAIS registration (FSP No):** 43212	In terms of the FSP license, Exodec 229 (Pty) Ltd, is authorised to give Intermediary Services and Advice for products under: CATEGORY I, II, IV,]: • [Long-term Insurance : Category A] • [Friendly Society Benefits] • [Long-term Insurance : Category B1] • [Long-term Insurance : Category B1-A] • [Long-term Insurance : Category B2] • [Long-term Insurance : Category B2-A] • [Long-term Insurance : Category IV]

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Exodec 229 (Pty) Ltd FSP43212 accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act No. 37 of 2002) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform You accordingly.

Legal and contractual relationship with the Insurer: Guardrisk Life Limited and Exodec 229 (Pty) Ltd have concluded a shareholder and subscription agreement that entitles Exodec to place insurance business with Guardrisk Life. The shareholder and subscription agreement entitles Exodec to share in the profits and losses generated by the insurance business. Guardrisk Life may distribute dividends at the sole discretion of their Board of Directors, to Exodec during the existence of the Policy.

Professional Indemnity and/or Fidelity Cover: Exodec 229 (Pty) Ltd has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.

Claims Contact Person: Sanah Kwapeng
Tel: 016 362 0334 or Cell/WhatsApp: 071 600 1927 Email: claims@exodecgroup.co.za

Complaints Procedures: Contact Person: Marieta Pretorius
Tel: 016 362 0334 Email: info@exodecgroup.co.za

Compliance Officer: Leona Prinsloo
Tel:012 664 6257 Email:lprinsloo@mweb.co.za

Conflict of Interest: Exodec has a conflict of interest management policy in place and is available to clients on the website.

The Insurer **Business Name:** Guardrisk Life Limited **Registration number:** 1999/013922/06 **Physical address:** The Marc, Tower 2, 129 Rivonia Road, Sandton, 2196 **Postal address:** PO Box 786015, Sandton, 2146 **Telephone:** +27-11-669-1000 **Email:** info@guardrisk.co.za **Web:** www.guardrisk.co.za **FAIS registration (FSP No):** FSP 76	In terms of the FSP license, Guardrisk Life Limited is authorised to give advice and render financial services for products under: CATEGORY I: • Long-term Insurance : Category A • Long-term Insurance : Category B1 • Long-term Insurance : Category B1-A • Long-term Insurance : Category B2 • Long-term Insurance : Category B2-A • Long-term Insurance : Category C

Principal Member Signature _____ **Date** _____

Professional Indemnity and/or Fidelity Cover: Guardrisk Life Limited has a Professional Indemnity Cover and Fidelity Guarantee Cover in place.
Compliance Details: Telephone: +27-11-669-1000
Email:compliance@guardrisk.co.za Website: www.guardrisk.co.za
Complaints Details: Telephone: 0860 333 361 Email: complaints@guardrisk.co.za
Conflict of Interest : Guardrisk Life Limited has a conflict of interest management policy in place and is available to clients on the website.
Policy Wording: A copy of the policy wording can be obtained from Exodec

Policy details:

Type of Policy: Funeral Class of Business Risk covered: Death
Policy Benefits: Cover amount selected on the application form

Your premium obligations
Monthly Premium: As per the policy agreement **Due date and frequency:** Monthly
Manner of payment of premium: Direct deposit, Debit order, Easypay, Persal deductions
Consequence of non-payment:
Cover will cease and no further benefits will be in force.
Details of any premium increases, including the frequency and basis thereof: Annually upon the Review Date.
Fees payable to Exodec (included in the monthly premium)
Commission fee:7.5% Binder fees:9%
The Intermediary directly or indirectly does not hold more than 10% of the relevant product supplier's shares or has any equivalent substantial financial interest in the Insurer. Remuneration did not exceed 30%.
Cooling Off Rights:
If any of the information reflected above and below was given to You orally, this disclosure notice serves to provide You with the information in writing. Should You not be satisfied with the Policy, You are entitled to a period up to 31 (thirty-one) Days from the date of receipt of the Policy within which You may cancel Your Policy in writing at no cost provided no Claim has arisen or any benefit paid. Cover will cease upon cancellation of the Policy. All premiums paid by the Policyholder to the Insurer up to the date of receipt of the cancellation notice will be refunded to the Policyholder.
Cancellation Rights:
The Principal Member may cancel the Policy at any time after the Cooling Off period by giving Exodec 31 (thirty-one) Days notice. Such cancellation will not attract any refund of premiums paid. The Insurer may cancel this Policy at any time for whatsoever reason by giving the Principal Member 31 (thirty-one) Day notice period. The Insurer may immediately cancel this Policy, or place it on hold, refuse any transactions or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity. If this policy is terminated for any reason, we will not refund any Premiums that were legally due to us.
Changes to Policy:
You must inform us of any changes to the original details supplied on the Policy Application. No request for changes or alterations to the Policy Documents will be valid unless confirmed is given by us in writing as an endorsement to the Policy.
Applicable Laws:
The Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017, the Protection of Personal Information Act 4 of 2013, and any other legislation relating to or regulating the protection or processing of data of Personal Information, direct marketing or unsolicited electronic communications and which may be applicable in the Republic of South Africa from time-to-time.
Fraud:
If any Claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Beneficiary or anyone acting on her/his behalf to obtain any benefits under this Policy, all benefits including premiums paid under this Policy shall be forfeited. The Insurer will take any appropriate action deemed necessary in such an instance and the Insurer's rights will remain reserved at all times.
Processing of Personal Information:
Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information provided by you for the purpose of this application, 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. You hereby agree to give honest, accurate and up-to-date Personal Information in order to process and accept this application. You accept that your Personal Information collected by us may be used for the following reasons: 1.to establish and verify your identity in terms of the Applicable Laws; 2.to enable us to proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with, Guardrisk or with the Information Regulator.
Other matters of importance:
You will be informed of any material changes to the information about the Intermediary, Insurer and or Underwriting Manager provided above. You have the right to complain, you may do so by contacting Exodec on 016 362 0334 or email: info@exodecgroup.co.za, alternatively with Guardrisk Life on 0860 333 361 or email: complaints@guardrisk.co.za. If We fail to resolve Your complaint satisfactorily, You may submit Your complaint to the **National Financial Ombud Scheme** on 0860 800 900. You/ your Nominated Beneficiary has the right to claim, the conditions under which a claim may be made are stipulated in the policy and may be made by contacting Exodec on 016 362 0334 or email: claims@exodecgroup.co.za**.** You will always be given a reason for the repudiation of Your claim. If the Insurer wishes to cancel Your policy, the Insurer will give you **31 (thirty-one) Days** written notice, to Your last known address. You will always be entitled to a copy of Your policy at no extra charge.
Warning:
Do not sign any blank or partially completed application form. Complete all forms in ink. Keep notes of what is said to You and all documents handed to You. Where applicable, call recordings will be made available to You within 7(seven) Days of request. Don't be pressurised to buy the product. Failure to provide correct or full relevant information may influence an Insurer on any claims arising from Your contract of insurance.

Waiver of Rights:
No insurer and/or intermediary 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.

Particulars of the National Financial Ombud Scheme (For claims/service-related matters) **Physical address (CT):** Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708 **Physical address (JHB):** 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198 **Telephone:** 0860 800 900 **Email address:** info@nfosa.co.za **Website:** www.nfosa.co.za	**Particulars of the FAIS Ombudsman** (For product/advice related matters) **Postal address:** PO Box 41, Menlyn Park, 0063 **Telephone:** +27- 12- 762- 5000 **Sharecall:** 086 066 3274 **Email address:** info@faisombud.co.za
Particulars of the Financial Sector Conduct Authority (For market conduct related matters) **Postal address:** PO Box 35655, Menlo Park, 0102 **Telephone:** +27-12- 428-8000 **Fax number:** +27- 12- 346- 6941 **Email:** info@fsca.zo.za	**Particulars of the Information Regulator** (For complaints relating to the use of Personal Information) **Postal address:** PO Box 31533, Braamfontein, Johannesburg,2017 **Telephone:** +27- 10- 023- 5200 **Email:**POPIAComplaints@inforegulator.org.za

Repatriation of mortal remains benefit and services by contracted service providers only (A NON-UNDERWRITTEN BENEFIT NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY WITH A SEPARATE PREMIUM NOT INCLUDED IN TOTAL MONTHLY INSURANCE PREMIUM)

The repatriation benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

Repatriation of Mortal remains within South Africa and neighbouring countries to a maximum of R10 000 per event and annual limitation of R20 000. Nominated extended family members excluded. When a member's death occurs more than 100km from their normal place of residence/place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory. Allowance for 1 family member to travel with the deceased free of charge. Funeral assistance services: all documentation referral to pathologist if required and referral to a reputable undertaker. Removal from place of death (anywhere in RSA) minimum of 20Km to a maximum of R900 per claim. Storage to a maximum amount of a R1000/7 days. Standard waiting period as per product waiting period apply to new and existing policies.
Exodec Assist Repatriation call centre no: 0861 55 5515 Quote following: Exodec Funeral Plan, Policy number.

Exodec eCoupon:
(REWARDS PROGRAMME NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY)
At an additional cost per month the Principal Member (Policy holder) will receive coupons to the value of up to R750.00 per month for each retailer per month. – (*No Role over on monthly eCoupon*);
eCoupons Shoprite Checkers, Pick 'n Pay & Dischem:
Save up to R750 on your monthly grocery's at each retailer by using our grocery discount coupons on a range of groceries which are redeemable at selected Shoprite, Checkers, Checkers Hyper stores, selected Pick n Pay stores & selected Dischem outlets.
Show the eCoupons to the cashier and claim your discount on every product.

Note: If you are also a Shoprite/Checkers Xtra Savings Loyalty member and a product eCoupon are offered on the Shoprite/Checker loyalty program, you will be able to claim both the savings.

Special Note: The eCoupons is not one eCoupon but is eCoupons on a range of specific shopping items which may be changed every month.

Coupon Redemption Retails:
a. Shoprite b. Checkers c. Checkers Hyper d. Dis-Chem e. Pick n Pay

Should a member run into a problem redeeming coupons in-store or have any query whatsoever please sms 'exodec' to 30172.

The eCoupon benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS ACT") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

Principal Member Signature _____ **Date** _____

The Marc, Tower 2, 129 Rivonia Road, Sandton, 2196.
PO Box 786015, Sandton, 2146.
T : +27 11 669 1000
E: info@guardrisk.co.za

PEP - APPLICATION FORM

ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

☐ Politically exposed person

☐ Domestic prominent influential person

☐ Foreign prominent public official

☐ Known close associate

☐ Family member

Definitions of influential persons

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation.
  Examples: A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation.
- **A Prominent influential person** refers to any individual who is or has in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country.
  Examples: Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.
- **A known close associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person.
  Examples: Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- **A family member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. **Examples:** Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013
Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, 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.
You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.
You accept that your Personal Information collected by Us may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws.
- to enable Us to fulfil our obligations in terms of this Policy.
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone, or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.
You understand that if the Administrator/Insurer has utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator.

Member Signature: _____

DATE:	Y	Y	Y	Y	M	M	D	D

OFFICE USE ONLY – TO BE COMPLETED BY THE ADMINISTRATOR – FICA CONFIRMATION

Is the policyholder:

- a Politically Exposed Person (PEP)? Yes ☐ No ☐
- a Domestic Prominent Influential Person (DPIP)? Yes ☐ No ☐
- a Foreign Prominent Public Official (FPPO)? Yes ☐ No ☐
- on a Sanction List? Yes ☐ No ☐

Administrator Name: ____Exodec_____ Administrator Signature: _____ Date:_____