

Critical Illness Plan

Policy & Disclosure Notice (collectively, the "**POLICY**")

1. **INSURER:** This Policy is underwritten by Centriq Life Insurance Company Limited (Reg No. 943/016409/06) ("**CENTRIQ**").
2. **TYPE OF POLICY:** Long-term insurance: Critical Illness cover
3. **NON MANDATED INTERMEDIARY:** RCS Cards (Pty) Ltd (Reg. No 2000/017891/07) ("**INTERMEDIARY**").
4. **DEFINITIONS:** Unless the contrary appears from the context, the following words and phrases shall have the meanings assigned to them where they appear in this policy:
 - 4.1. **ACCEPTANCE LETTER:** the letter sent to the Insured from RCS confirming that the Insured's application for the Critical Illness Plan cover has been successful and that the Insured has consented to taking out the insurance cover;
 - 4.2. **CLAIM EVENT:** means the risk insured, being the diagnosis of the Critical Illness (as defined in clause 6 whilst the Insured is still alive.
 - 4.3. **CLAIMANT:** means the person making a claim in relation to this Policy;
 - 4.4. **COMMENCEMENT DATE:** means the date when this Policy commences and is effective, being the date on which the 1st premium is received by the Insurer;
 - 4.5. **CRITICAL ILLNESS:** means the Insured being diagnosed with a specified illness as defined under the benefits at clause 6.2 after the Commencement date, which means a first positive diagnosis of the Critical Illness by a Doctor whilst the Insured is alive;
 - 4.6. **DOCTOR:** means a registered doctor (with a valid practice number), in terms of the South African Health Professions Council, and qualified specialist physician in the specified Critical Illness;
 - 4.7. **INSURED:** means You, the adult, South African citizen or permanent resident, who is over the age of 18 (eighteen) years but have not yet, and will not reach the age of 60 (sixty) years in the particular calendar year, who has applied for this insurance policy and which has been accepted by the Insurer and who has an active and up-to-date RCS credit facility;
 - 4.8. **RCS:** means the Intermediary as set out in clause 3 above;
 - 4.9. **WAITING PERIOD:** means a period of 3 (three) months (i.e. 90 days) commencing from the Commencement Date.

5. OPERATIVE CLAUSE:

- 5.1 In return for the timeous and prior payment of the required monthly premium by the Insured and receipt thereof by Centriq and subject to the terms of this Policy, on the occurrence of the Claim Event, Centriq will pay the benefits to the Insured if the Claim Event occurs during the life of the Insured. If the Insured dies while a claim is pending and where it is accepted and/or not paid after the Insured's death, the benefit will be paid to the Insured's claimant.

6. BENEFITS PAYABLE:

6.1 Critical Illness benefit

- 6.1.1 Subject to the terms and conditions of this Policy and provided that first diagnosis of the Claim Event is after Waiting Period, Centriq will pay the capital sum of R20,000 (twenty thousand rand) to the Insured or where the Insured is deceased, to the Insured's claimant. The capital amount will not carry interest. This benefit shall only be payable once for each Critical Illness per Insured.

6.2 Critical Illness means any of the following:

- 6.2.1 Cancer: Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma,
- 6.2.2 Coronary artery surgery: The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) or anterolateral thoracotomy on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.
- 6.2.3 Heart attack: Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:
- New characteristic electrocardiographic changes.
 - The characteristic rise of biochemical cardiac specific markers such as troponins or enzymes.
- The evidence must show a definite acute myocardial infarction.
- 6.2.4 Kidney failure: Chronic and end stage failure of both kidney to function, as a result of which regular dialysis is necessary and is permanently required.
- 6.2.5 Major organ transplant: The undergoing as a recipient of a transplant from another donor, of bone marrow or of a complete heart, kidney, lung, pancreas, liver or lungs.
- 6.2.6 Stroke: Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours.

7. GENERAL EXCLUSIONS:

- 7.1 Centriq will not be liable to pay any benefit under this Policy if the claim for a benefit arises directly or indirectly from or as a consequence to or from, or is traceable to:
- 7.1.1 The Insured is over 65 (sixty-five) years of age at the time of the Claim Event;
- 7.1.2 any claim arises directly or indirectly from, or is traceable to, a condition for which the

Insured was being treated or where she/he is being or has been given treatment, or of which she/he was aware, at the Inception Date, including a disease, physical defect, bodily injury, illness, sickness, condition or other infirmity of the Insured that has its origin prior to the Commencement Date;

- 7.1.3 a positive diagnosis of a Critical Illness was made by a Doctor or other medical practitioner prior to the Commencement Date;;
- 7.1.4 one of the Critical Illnesses as defined has already been successfully claimed in terms of this Policy by the Insured and the Insured has been paid-out this benefit. For clarity, this means that the Insured may claim for another Critical Illness but not claim again for a Critical Illness that has already been successfully claimed and paid-out in terms of this Policy. As an example: Should you have claimed for lung cancer and your claim has been paid out, you cannot claim for any further cancer that may be diagnosed.

8 PREMIUM:

- 8.1** If the premium is charged to the Insured's RCS credit facility, the following provisions apply:
 - 8.1.1 The premium payable is the monthly amount shown on the Acceptance Letter and as specified in RCS's credit facility statement of account. The Insured authorises the Intermediary to debit and collect the premium from her/his RCS credit facility and to pay it over to Centriq on her/his behalf in the amount as specified.

- 8.2** If the premium is paid by means of a debit order, the following provisions apply:
 - 8.2.1 The premium is the monthly amount shown on the Acceptance Letter. The Insured telephonically authorises and requests the Intermediary, or its authorised representative, to draw against the personal bank account provided to the Intermediary, the amount necessary for payment of the monthly premium as and when required and for the amount requested every month, until this Policy is cancelled in writing or via telephonic request or in terms of this policy wording.
 - 8.2.2 The Insured will be responsible for the payment of any bank charges associated with the monthly debit order.

- 8.3** The premium is subject to review once every calendar year in line with CPI (inflation), and the Insured will be notified of any premium increases. The Insurer reserves the right to review and change the premium rate agreed at inception, based upon the performance of the policy. 31 days written notice will be given before the new rate takes effect. Upon receipt of the rate adjustment, you may elect to cancel your policy if you are not in agreement with the proposed rates.

- 8.4** We must receive your full premium on the first of every month. If the premium is still not paid after 2 monthly due dates, your policy will automatically terminate with effect from the last day of the month for which a premium was paid. If the premium payment is not received by RCS, RCS will double debit the premium in the following month, which means the premium will be billed twice, and should the outstanding premium not be paid when it is re-debited, this policy will be cancelled from the date the first unpaid premium was due to be paid. The policy may be reinstated at our discretion and upon such terms as we impose. We will tell you by SMS if you are not up-to-date with paying your premium. We will tell you by SMS if your policy has stopped.

- 8.5** Clause 8.4. applies to where the insured elects to pay for the insurance premium by means of a debit order or where the insured has elected to charge the insurance premium to the Insured's RCS credit facility. Please note that the abovementioned grace period relates to the termination of this Policy only, and in no way negates the Insured's responsibility to pay his premiums in a timeous manner.

8.6 During the grace period, we will provide the benefits payable. The benefits payable will be reduced by any outstanding premiums payable.

9 CESSATION OF COVER:

9.1 If the premium is charged to the Insured's RCS credit facility, cover under this Policy shall automatically end at midnight on the day that:

9.1.1 the full RCS credit facility instalment is not received by the Intermediary within the period provided for in clause 8.4;

9.1.2 the Insured's RCS credit facility is suspended as provided for under the National Credit Act and the premium is not received by the Intermediary within the period provided for in clause 8.4;

9.1.3 the Insured's RCS credit facility is terminated or closed and the premium is not received by the Intermediary within the period provided for in clause 8.4.

9.2 If the premium is paid by means of a debit order, this Policy shall automatically end at midnight on the day that:

9.2.1 the premium is for whatsoever reason not received by RCS within the period provided for in clause 8.4.

9.3 The policy shall also automatically end at midnight on the day that:

9.3.1 The Insured dies;

9.3.2 The Insured reaches the age of 65 years, whichever of the aforementioned events occur first.

9.4 Centriq shall not be affected by any arrangements that may be made between RCS and the Insured in any reduction of the number of instalments originally agreed on or extending the period for the repayment of the indebtedness beyond that originally agreed upon.

10 CLAIMS NOTIFICATION PROCEDURE:

10.1 A Critical Illness benefit claim must be made within 3 (three) months of the Claim Event. Reference to "claim" or "claims" means the fully completed claim form with all required documentation attached. A claim form is attached to your Acceptance Letter or may be obtained by calling RCS Claims department on 081 729 727.

10.2 When there is a claim Event that is covered in terms of this policy, the claimant must, at their own cost:

10.2.1 notify RCS in writing within 3 months of the date of the event giving rise to the claim;

10.2.2 complete and send the claim form to RCS;

10.2.3 supply full details of the event in writing and provide RCS with all the necessary documentation and proof that RCS require; (see below list of documents that may be required)

10.2.4 submit copies of medical examinations and/or any other reasonable request RCS may require in order to assess the claim.

10.3 If the claim is rejected and the claimant does not agree with this decision or with the amount paid, the claimant can, within 90 (ninety) days after RCS has rejected or settled the claim, discuss with RCS the reason for the rejection or settlement. If after this period the claimant still does not agree with RCS's reasons, the claimant has a further 180 (one hundred and eighty) days to institute legal action against RCS by way of the service of summons. The claimant may also follow the Complaints Procedure as set out in clause 24 hereof. If the claimant does not do anything then

the claimant gives up his or her rights to any further Benefits in respect of this claim and the matter will prescribe.

10.4 The claimant must submit the following documents to the RCS claims department:

10.4.1 Certified copy of the Insured's identity document;

10.4.2 Fully completed and signed RCS claim form;

10.4.3 Certified of the completed medical certificate. This must be completed by a Doctor as defined in this policy;

10.4.4 Any additional information or documentation that would be reasonably required to assess the claim

10.5 Notification of all claims that are submitted to RCS under this insurance shall be made to Centriq by RCS, on behalf of the Insured or beneficiary/claimant. A claim shall not be payable by Centriq, if the conditions set out in this clause are not complied with.

11 MISREPRESENTATION:

11.1 This Policy shall be voidable in the event of misrepresentation, or non-disclosure by or on behalf of the Insured which is material to Centriq's assessment of the risk, in which event any and all premiums so paid or payable shall be paid back to the insured.

11.2 It is the responsibility of the Insured to let RCS know if any of her/his circumstances change and where this could affect the outcome of a potential claim and/or invalidate this Policy and its benefits.

12 SURRENDERS OR CESSIONS:

12.1 This Policy may not be assigned or transferred.

12.2 This policy does not accrue a surrender, loan or paid up value.

13 CONDITION PRECEDENT:

13.1 Strict compliance by the Insured with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of Centriq hereunder.

14 CANCELLATION:

14.1 This Policy can be cancelled by the Insured within 31 (thirty) days of the date that the Insured receives the policy or variation of the policy where such variation has been requested by the Insured, provided that no benefit has yet been paid or claimed or the event insured against has not yet occurred, by giving RCS notice in writing. In the event that this Policy is cancelled within this 31 (thirty) day cooling off period, the Insured will receive a refund of her/his paid premiums.

14.2 After this 31 (thirty) day cooling off period, this Policy may be cancelled by the Insured giving 31 (thirty) days' notice in writing to RCS or it may be cancelled by Centriq by giving 31 (thirty one) days' notice in writing to the Insured at the latter's last known contact details. Cover will cease at midnight on the last day for which the premium has been paid. In the event that this Policy is cancelled after the expiry of the cooling off period, the premiums paid will not be refunded to the Insured.

15 POLICY AMENDMENTS:

15.1 Centriq reserves the right to amend, add or change the terms and conditions of this Policy by giving the Insured written notice of such intention at least 31 (thirty one) days before any premium rate adjustment and 31 (thirty one) days' notice before any other material Policy amendment.

15.3 Any variations and/or changes will be binding on Centriq, RCS and the Insured and can be applied at any time to the existing terms and conditions after written communication of these changes has been sent to the Insured's last known contact details.

16 FRAUD:

16.1 If any claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured 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.

16.2 In addition, in the event of misrepresentation by or on behalf of the Insured of any particular material to the assessment of the risk, all benefits including premiums paid under this Policy shall be forfeited.

17 JURISDICTION AND GOVERNING LAW:

17.1 Only the courts of South Africa shall have jurisdiction to entertain any claims arising out of or in respect of this Policy and the law of South Africa shall apply to this Policy.

17.2 The parties hereby consent to the jurisdiction of the Magistrate's Court of South Africa, in respect of all claims and causes of action between them, whether now or in the future, arising out of or in respect of this Policy.

18 INDULGENCE, LENIENCY OR EXTENSION:

18.1 No indulgence, leniency or extension of time which RCS or Centriq may grant or show to the Insured, shall in any way prejudice RCS or Centriq, or preclude RCS or Centriq, from exercising any of their rights in the future.

19 COMMISSION OR OTHER REMUNERATION PAYABLE TO THE INTERMEDIARY:

19.1 Commission of 3.25% and a binder fee of 9% of the total monthly premium is payable to RCS, which is included in the monthly premium.

20 NO RIGHTS TO OTHER PARTIES:

20.1 Unless otherwise expressly provided in this Policy, nothing in this Policy shall give any rights to any person other than the Insured.

20.2 Payment to the Insured or the approved claimant shall in every case be a full discharge to Centriq.

21 DISCLOSURE DETAILS – PLEASE READ CAREFULLY

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

The Financial Advisory Intermediary Services Act 37 of 2002 (“FAIS Act”), the General Code of Conduct and the Long Term Insurance Act 52 of 1998, and the Policyholder Protection Rules require compliance by Product Suppliers (insurers), Non Mandated Intermediary Binder Holders with various disclosure requirements in order to assist you in making informed decisions about the insurance products that you purchase. It also aims to ensure that your Product Supplier, NMI Binder Holder and Financial Services Provider (if applicable) 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 Disclosure Notice at the inception of your policy and at each subsequent Renewal (or Anniversary) date. The Disclosure Notice contains certain information about your Product Supplier, NMI Binder Holder and Financial Services Provider (if applicable), together with information about the Ombud and the Registrar. Should you experience any difficulties in obtaining the required details, please contact your Financial Services Provider for further assistance.

21.1 Details of the Non Mandated Intermediary Binder-holder: RCS Cards (Pty) Ltd, Reg No. 2000/017891/07

21.1.1 RCS is licensed as a Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act 2002. FSP Licence No. 44481. The below contact information is the relevant contact details for RCS:

Contact Details

Physical Address:	RCS Building Golf Park, Raapenberg Road, Mowbray, 7700
Postal Address:	P.O. Box 111, Goodwood, 7459
Telephone Number:	(021) 597 4000 or 0861 SAY RCS / 0861 729 727
Fax Number:	0861 237 483
Web Address:	www.rcs.co.za

Claims department contact details

Postal Address:	P.O Box 111, Goodwood, 7459
Tel:	0861 729 727
Fax:	0861 237 483
Email Address:	claims@rcsgroup.co.za
Key individual email address:	fais@rcsgroup.co.za

Procedures for the submission of claims are detailed in the policy wording and are important.

RCS Compliance Officer is available on the above numbers or on the following email address: compliance@rcsgroup.co.za.

21.1.2 RCS operates as a private company with limited liability.

21.1.3 RCS performs services as a Non Mandated Intermediary Binder Holder under the Long Term Insurance Act 52 of 1998 entering into long term policies, maintaining, servicing and dealing with the policies on the Insurer’s behalf.

- 21.1.4 RCS is authorised, in terms of the FAIS Act, to render advice and intermediary services in respect of Category 1, Subcategory B1 relating to long term insurance products.
- 21.1.5 RCS accepts liability for all financial advice and or intermediary services provided by our representatives.
- 21.1.6 RCS has a binder agreement with Centriq Life Insurance Company Limited. RCS does not hold more than 10% of the Insurer's shares nor did RCS receive more than 30% of its total income from the Insurer in the last 12 months.
- 21.1.7 RCS does have Professional Indemnity cover as well as the necessary Agreement in place to act on behalf of Centriq.
- 21.1.8 RCS earns a Binder fee of 9% and Commission of 3.25% of the premium payable.

21.2 Details of the Insurer: Centriq Life Insurance Company Limited, Reg No. 943/016409/06

- 21.2.1 Centriq Life Insurance Company Limited engages with RCS in its capacity as a registered life insurer The below information is the relevant contact details for Centriq:

Contact Details

Company Registration Number	1943/016409/06
Physical Address:	The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Postal Address:	P.O. Box 55647, Northlands, 2116
Telephone Number:	(011) 268 6490
Email Address:	info@centriq.co.za
Web Address:	www.centriq.co.za
Compliance Officer:	compliance@centriq.co.za

- 21.2.2 Centriq has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.
- 21.2.3 You can access the Centriq's Conflict of Interest Management Policy at www.centriq.co.za
- 21.2.4 The claims specialist is contactable on the above numbers or via the below email address:
Email: claims@centiq.co.za
- 21.2.5 In the event of a complaint, please contact the Complaints Management Team at the numbers above or send us an email at faiscomplaints@centriq.co.za / claimscomplaints@centriq.co.za.

22 OTHER MATTERS OF IMPORTANCE

- 22.1 You must be informed in writing of any material changes in the detail provided about Your Intermediary and Centriq.
- 22.2 If the information about the Intermediary was given orally, it must be confirmed in writing within 31 days.
- 22.3 If any complaint to the Intermediary is not resolved to Your satisfaction, then you may contact the internal complaints department of the insurer at the address provided in 21 of this Statutory Notice. In addition, the addresses of both the Ombudsman for the Long-Term Insurance and the FAIS Ombud as well as that of the Financial Sector Conduct Authority are provided should you complaint still not be satisfactorily resolved.
- 22.4 A polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim

- 22.5** Centriq and not the Intermediary must give reasons for repudiating Your claim
- 22.6** Centriq may not cancel Your insurance merely by informing the Intermediary. There is an obligation to make sure the notice has been sent to You.
- 22.7** You are entitled to a copy of the policy document free of charge

23 WARNING

- 23.1** Do not sign any blank or partially completed application forms.
- 23.2** Complete all forms in ink.
- 23.3** Try and keep all documents handed to You.
- 23.4** Make a note as to what is said to You.
- 23.5** You may not be pressurised to buy any product.

24 COMPLAINTS PROCEDURE

- 24.1** Please first contact the Intermediary (RCS) if You have any complaints or queries on (021) 597 4000 or 0861 SAY RCS / 0861 729 727.
- 24.2** If any complaint to RCS is not resolved to Your satisfaction, You may then submit the complaint to the Insurer, at:
Centriq Life Insurance Company Limited – In the event of complaints not being satisfactorily resolved:
- Postal Address: P.O. Box 55674, Northlands, 2116
Tel: (011) 268 6490
Email: complaints@centriq.co.za
- 24.3** You can access our Complaints Resolution Policy at: www.centriq.co.za or email: complaints@centriq.co.za
- 24.4** If any complaint to the Insurer is not resolved to Your satisfaction, You may then submit the complaint to the following regulators:

The Long Term Insurance Ombudsman – In the event of claims problems not being satisfactorily resolved.

Postal Address: Private Bag X45, Claremont, 7735
Physical Address: 3rd Floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700

Tel: (021) 657 5000 Fax: (021) 674 0951
E-mail: info@ombud.co.za
Website: www.ombud.co.za

The FAIS Ombud – In respect of complaints about the selling of the financial service provided.

Postal Address:	PO Box 74571, Lynwood Ridge, 0040
Physical Address:	Kasteel Park Office Park, Orange Building, 2 nd Floor, c/o Nossob & Jochemus Street, Erasmus Kloof, Pretoria, 0048
Tel:	(012) 762 5000 or (012) 470 9080
Fax:	(012) 348 3447 or 0860 764 1422
E-mail:	info@faisombud.co.za
Website:	www.faisombud.co.za

Financial Sector Conduct Authority – if any complaint to the Intermediary or Insurer is not resolved to Your satisfaction.

Postal Address:	PO Box 35655, Menlo Park, 0102
Physical Address:	Kasteel Park Office Park, Orange Building, 2 nd Floor, c/o Nossob & Jochemus Street, Erasmus Kloof, Pretoria, 0048
Tel:	(012) 428 8000
Contact centre:	0800 110 443 / 0800 20 20 87
Fax:	(012) 346 6941
Email:	info@fsca.co.za
Website:	www.fsca.co.za

25 COOLING-OFF RIGHTS

If this policy has a duration of 31 days or more, no benefit has yet been claimed or paid, and an event insured against has not yet occurred, you have the right to cancel this policy, via written notification, within 31 days after the later of the receipt of this disclosure document or the policy summary, or from a reasonable date on which it can be deemed that you received this disclosure document or policy summary. The product supplier will refund all premiums or moneys paid by the premium-payer, minus any cost of any risk cover enjoyed by yourself or any market loss. The product supplier will comply with your request for cancellation within 31 days after the product supplier receives your cancellation notice.

26 TREATING CUSTOMERS FAIRLY

- 26.1** This product has been created to meet the requirements of our clients. RCS endeavours to at all time deliver on customer service and customer expectations by enforcing the principles of Treating Customers Fairly (“TCF”).
- 26.2** The TCF principles ensure we apply fairness to all client experiences relating to new business, policy terms, service and claims processes. The TCF framework has 6 outcomes which are:
- 26.2.1 You are confident that Your fair treatment is key to our culture.
 - 26.2.2 Products and services are designed to meet Your needs
 - 26.2.3 To communicate clearly, appropriately and on time during the lifespan of Your policy
 - 26.2.4 To provide advice which is suitable to Your needs and circumstances.

- 26.2.5 Our products and services meet your standards and deliver what you expect.
- 26.2.6 There are no unreasonable barriers to access our services, or to lodge a claim or complaint.

27 EXTENT AND NATURE OF PREMIUM OBLIGATIONS

- 27.1 Your policy document reflects the premiums payable, the due date of payment and the frequency of payment (e.g. monthly or annually). When amendments are made to the policy an additional or refund premium may become due and such amounts are also reflected on the policy schedules.
- 27.2 Financial Services Providers are authorised to accept premium payment on behalf of the Insurer and should your Financial Services Provider be authorised to do so, then you may make payment to such Financial Services Provider.

28 USE OF YOUR PERSONAL INFORMATION

- 28.1 When you enter into this policy you will be giving us your personal information that may be protected by data protection legislation, including but not limited to, the Protection of Personal Information Act, 2013 ("POPI"). RCS will take all reasonable steps to protect your personal information.
- 28.2 **You authorise us to:**
 - 28.2.1 Process your personal information to;
 - 28.2.2 Communicate information to you that you ask us for;
 - 28.2.3 Provide you with insurance services
 - 28.2.4 Verify the information you have given us against any source or database
 - 28.2.5 Compile non-personal statistical information about you.
- 28.3 Transmit your personal information to any third party service provider that RCS may appoint to perform functions relating to your policy on our behalf.
- 28.4 You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed for as long as it is necessary to achieve the purpose set out in the policy.

29. Sharing of Insurance Information:

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. 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. 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 recognized 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.

30. WAIVER OF RIGHTS

- 30.1** The FAIS 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.

31. CONFLICT OF INTEREST

- 31.1** RCS have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined.
- 31.2** RCS adopted a values based approach where the spirit of the legislation is embraced. This is reviewed at least annually and reported on to the Financial Sector Conduct Authority. A conflict of interest management policy is available to clients on our website www.rcs.co.za