

**MAHALA BENEFICIARY
INFORMATION FORM**

The Marc, Tower 2, 129 Rivonia Road,
Sandton, 2196.
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E: info@guardrisk.co.za

Company / Group name	Branch
Representative name and surname	

THIS IS NOT A MEDICAL SCHEME PRODUCT. FREE COVER FOR UMVUZO HEALTH MAIN MEMBERS ONLY. PLEASE PROVIDE SIYAVIKA WITH YOUR BENEFICIARY INFORMATION.

A. DETAILS OF MAIN MEMBER

First name															
Surname															
Employee number							Medical aid number								
Identity number															
Gender	Male			Female			Marital status								
Cell number							Inception date	Y	Y	Y	Y	M	M	D	D
Tel number															
Email address															
Physical address												Code			
Postal address												Code			

B. NOMINATED BENEFICIARY (100%)

First name													
Surname													
Identity number													
Gender	Male			Female			Relationship to main member						
Tel number							Cell number						

I, the applicant/policyholder/beneficiary under this policy, hereby nominate the above mentioned person, as the beneficiary in terms of this policy, to receive all benefits payable under this policy. I hereby indemnify Guardrisk Life against any claim by myself or my relatives/estate in respect of the payment of the policy benefits to the nominated beneficiary.

C. DECLARATION IN RESPECT OF LONG-TERM INSURANCE PRODUCTS

I understand that the MAHALA ACCIDENTAL PLAN is a free membership of the UMVUZO REWARDS Programmed. No additional fees will be deducted from my salary. The policy benefits have been explained to me by an Umvuzo Consultant and I understand the contents. I understand that the different benefits are subject to Terms and Conditions as per explanation on the brochure. I also understand that only the Accidental Death and Permanent Total Disablement are risk products that have been underwritten by Guardrisk Life. The other products are non-Guardrisk products.

I hereby apply to be admitted as a member and agree to abide by the rules as stipulated in the Rewards Program. I hereby consent to the processing of my personal information (including my name, surname, ID number, telephone number and any other information which may be required in terms of the Financial Intelligence Centre Act, 2002, or any other law) may be used by Siyavika on the condition that they will keep my personal information confidential and will only use my personal information for providing information about the products and services of the Mahala Accidental Plan.

D. 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 once established.

Main member signature

DATE	Y	Y	Y	Y	M	M	D	D
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