

BANKING DETAILS FOR CLAIM BENEFIT VIA EFT

NOTE Only complete when payment is to be made into a bank account other than from which premiums are collected:

(Please attach a cancelled cheque or bank statement stamped by the bank).

IMPORTANT PPS Insurance (Namibia) will only pay benefits into a Namibian Bank Account.

Name of Account Holder:

Name of Bank:

Account No:

Branch Name: Branch Code:

Type of Account: Current Savings Cheque Transmission

Indemnity – Please take note that PPS Insurance (Namibia) will not be held liable for incorrect payments, if the information received is incorrect.

DECLARATION

I specifically authorise PPS Insurance (Namibia) to communicate any requirements to my financial advisor which may entail providing information regarding my current medical condition. YES NO

Financial Advisor’s Name:

Financial Advisor’s Email:

I authorise PPS Insurance To:

- a) Access any information which it deems necessary to assess any insurance risk or to consider a claim and I understand that if I choose not to provide this information PPS Insurance (Namibia) will not be able to assess the claim for insurance.
- b) Share with other insurers and their representation body any information in the possession of PPS Insurance (Namibia), either directly or through a database operated by, or for insurers as a group and authorise PPS Insurance (Namibia) to also collect required personal information from other insurers as exchange of information helps to waive costs and combat fraud.
- c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons, provided that it is necessary to properly underwrite, manage or service the policy, policy assets or myself. PPS Insurance (Namibia) may be required to disclose your information to regulatory or government agencies.
- d) Obtain credit information from any person or institution
AND

I understand that I can request details of the information held by my insurer and request its correction where appropriate.

AND

I authorise a doctor, hospital, medical aid or any other person to provide this information to PPS.

PPS Insurance (Namibia) will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Insurance (Namibia) will adhere to any laws governing the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policy Contract.

Signature of policyholder:

Date: