

PLEASE RETURN YOUR COMPLETED FORM TO [COMPLIANCE@SAFIREINSURANCE.COM](mailto:COMPLIANCE@SAFIREINSURANCE.COM)

## 1. PARTICULARS OF THE INFORMATION OFFICER AND DEPUTY INFORMATION OFFICER

Safire Insurance Company Limited (Safire) is a public company that operates within the financial services industry as a licensed non-life insurer and authorised financial services provider.

Should any person wish to lodge a complaint pertaining to their personal information processed by Safire, please complete this form and send the completed form to Safire's Deputy Information Officer, at [compliance@safireinsurance.com](mailto:compliance@safireinsurance.com).

<b>Information Officer:</b>	<b>Mr Pierre Bekker (Chief Executive Officer)</b>		
<b>Deputy Information Officer:</b>	<b>Ms Heleen Botha (Chief Financial Officer)</b>		
<b>Tel:</b>	033 264 8500 / 033 815 9300	<b>Head office:</b>	Safire House, Redlands Estate
<b>Email:</b>	<a href="mailto:compliance@safireinsurance.com">compliance@safireinsurance.com</a>		1 George MacFarlane Lane
<b>Website:</b>	<a href="http://www.safireinsurance.com">www.safireinsurance.com</a>		Wembley, Pietermaritzburg, 3201

## 2. INFORMATION REGULATOR

Where we are unable to resolve the complaint to your satisfaction, you have the right to approach the Information Regulator for assistance.

### The Information Regulator

<b>Tel:</b>	010 023 5200	<b>Postal address:</b>	PO Box 31533
<b>Email:</b>	<a href="mailto:inforeg@justice.gov.za">inforeg@justice.gov.za</a> ; <a href="mailto:enquiries@inforegulator.org.za">enquiries@inforegulator.org.za</a>		Braamfontein, 2017
<b>Website:</b>	<a href="http://www.justice.gov.za/inforeg/">www.justice.gov.za/inforeg/</a>		

## 3. PARTICULARS OF THE COMPLAINANT

Please be aware that we may require you to provide proof of identification prior to processing your request.

<b>Full name/s</b>	<input type="text"/>	<b>Surname</b>	<input type="text"/>
<b>ID no.</b>	<input type="text"/>	<b>Tel no.</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		
<b>Physical address</b>		<b>Postal address</b>	
<b>Physical Address</b>	<input type="text"/>	<b>Postal Address</b>	<input type="text"/>
<b>Suburb</b>	<input type="text"/>	<b>Suburb</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>City</b>	<input type="text"/>
<b>Province</b>	<input type="text"/>	<b>Province</b>	<input type="text"/>
		<b>Code</b>	<input type="text"/>

## 4. NATURE OF COMPLAINT

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## 5. DESIRED OUTCOME

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Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of complainant \_\_\_\_\_