

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 require access 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. PARTICULARS OF THE REQUESTOR

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"/>

## 3. PARTICULARS OF THE REQUEST

Indicate the reason for which the request is made with an 'X' in the appropriate box:

- Inform me whether the organisation holds any of my personal information.
- Provide me with a record or description of my personal information.
- Correct or update my personal information.
- Destroy or delete a record of my personal information.

## 4. INSTRUCTIONS

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## 5. NOTICE OF DECISION

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You will be notified by email whether your request has been approved / denied. If you wish to be informed thereof in another manner, please provide the necessary particulars:

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

## FOR OFFICE USE ONLY

**Decision by Deputy Information Officer**

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Deputy Information Officer/Duly Authorised \_\_\_\_\_ Date \_\_\_\_\_