

Customer Privacy Notice & Consent

We respect the privacy of everyone who visits this website. As a result we would like to inform you regarding the way we would use your Personal Information. We recommend you to read this <u>Customer Privacy Notice & Consent</u> so that you understand our approach towards the use of your Personal Information. By submitting your Personal Information to us, you will be treated as having given your permission – where necessary and appropriate – for disclosures referred to in this policy. By using this web site, you acknowledge that you have reviewed the terms of this <u>Customer Privacy Notice & Consent</u> to Use of Personal Information (the "Customer Privacy Notice & Consent") and agree that we may collect, use and transfer your Personal Information in accordance therewith.

If you do not agree with these terms, you may choose not to use our site, and please do not provide any Personal Information through this site. This forms part of our Site Terms and Conditions of Use and such shall be governed by and construed in accordance with the laws of South Africa. This Notice explains how we obtain, use and disclose your personal information, as is required by the Protection of Personal Information Act, 2013 (POPI Act). At *Multilink Finansiële Dienste* we are committed to protecting your privacy and to ensure that your Personal Information is collected and used properly, lawfully and openly.

Multilink Finansiële Dienste

Client Privacy Notice & Consent

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Introduction

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Who we are

Multilink Finansiële Dienste is a brokerage specializing in medical aid, investments, short term insurance and life insurance.

The information we collect

We collect and process your personal information mainly to provide you with access to our services, to help us improve our offerings to you and for certain other purposes explained below. The type of information we collect will depend on the purpose for which it is collected and used. We will only collect information that we need for that purpose.

We collect information directly from you where you provide us with our personal details. Where possible, we will inform you what information you are required to provide to us and what information is optional.

Examples of information we collect from you are:

- Name
- Address
- Email address
- > ID Number
- Contact details

We also collect information about you from other sources as explained below.

With your consent we may also supplement the information that you provide to us with information we receive form other service providers [for example *Astute*]

How we use your information

We will use your personal information only for the purposes for which it was collected or agreed with you, for example:

- To carry out our obligations arising from any contracts entered into between you and us
- To notify you about changes to your service products.
- To respond to your queries and comments.
- Suggest services and products we think you might be interested in.

Disclosure of personal information

We may disclose your personal information to our service providers who are involved in the delivery of products and services to you. We have agreements in place to ensure that they comply with these privacy terms.

Personal Information Security

We are legally obliged to provide adequate protection for the personal information we hold and to stop unauthorized access and use of personal information. We will, on an on-going basis, continue to review our security controls and related processes to ensure that your personal information is secure.

Our security policies and procedures cover:





- Physical security
- Computer and network security
- Access to personal information
- Secure communications
- Retention and disposal of information
- > Acceptable usage of personal information
- Governance and regulatory issues
- Monitoring access and usage of private information
- Investigating and reacting to security incidents.

We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

Access to your personal information

You have the right to request a copy of the personal information we hold about you. To do this you can contact us and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.

Please note that any such access request may be subject to a payment of a legally allowable fee, as laid down in the POPI Act.

Correction of your personal information

You have the right to ask to update, correct or delete your personal information. We will take all reasonable steps to confirm your identity before making changes to personal information we may hold about you. We would appreciate it if you would take the necessary steps to keep your personal information accurate and up to date by notifying us of any changes we need to be aware of.

Definition of personal information

According to the POPI Act "personal information" means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person. The purpose of Act to is protect personal information, to strike a balance between the right to privacy and the need for the free flow of, and access to information, and to regulate how personal information is processed. The complete POPI Act can be found at the following link: www.gov.za/documents/dowload.php?f=204368

Summary of the PAIA Act

The Promotion of Access to Information Act 2 of 2000 (commonly known as PAIA) is South Africa's access to information law and it enables people to gain access to information held by both public and private bodies. All organisations in South Africa must comply with it. In terms of the Promotion of Access to Information Act, all *private bodies* (entities mentioned above as defined in PAIA) and *public bodies* (mainly state departments and state administrations as defined in PAIA) must give access to their records, if someone requests a record in terms of PAIA. Please follow the link below for the complete PAIA Act

https://www.saica.co.za/Technical/LegalandGovernance/Legislation/PromotionofAccesstoInformationAct/tabid/25 32/language/en-ZA/Default.aspx

Summary of the FAIS Act





The Financial Advisory and Intermediary Services Act (37 of 2002) affects the way in which a Financial services provider (FSP) conducts business and interacts with Consumers, and guides Consumers in their daily dealings with their chosen product provider. The Financial Advisory and Intermediary Services Act (37 of 2002) regulates the activities of all financial services providers (FSP) who give advice or provide intermediary services to Consumers of certain financial products. The Financial Advisory and Intermediary Services (FAIS) Act requires that FSPs be licensed and crates a professional code of conduct with specific enforcement measures. All FSP's must ensure that they comply with the legislation, and with certain specific fit and proper requirements as stipulated in the act.

For the complete version of the act, please follow the link: https://www.banking.org.za/consumer-information/legislation/financial-advisory-and-intermediary-services-act

Changes to this notice

Please note that we may amend this notice from time to time. Please check the website periodically to inform yourself of any changes.





MAKELAARS AANSTELLING

BROKER APPOINTMENT

I, [Full name/s and Surname or Company name]				
ID/Registration number:				
Pos adres / Postal address:	Woonadres / Physical address:			
Tel No: (C)(W)	(H)			
Email address:				
and obtain my biographic, benefit, financial and purpose of managing, administering and investi	FSP. 2972, to act as my Financial Advisor and to access medical information since my inception date, for the ng in various insurance products and Medical Aid o <i>Multilink Finansiële Dienste [Pty] Ltd</i> to use my as collected or agreed with me.			
I hereby confirm that the ongoing fee, as curren	tly reflected, can remain unchanged.			
Notwithstanding this appointment, I have the ri financial advisor.	ght to conduct business with any other insurer or			
This authorisation is granted until revoked in wr mentioned FSP.	iting by me and a copy should be delivered to the above			
HANDTEKENING / SIGNATURE	DATUM / DATE			



MAKELAARS MAGTIGING

BROKER AUTHORIZATION

I hereby give Multilink Finansiële Dienste, FSP: 2972, authorization to access and analyse any and all of my client data that is kept at all financial institutions and service providers

ruii name/s and surname Ok Company name:				
ID/Registration number:				
Pos adres / Postal address:	Woonadres / Physical address:			
Tel No (C)(W)	(H)			
Email address:				
HANDTEKENING / SIGNATURE	DATUM / DATE			



Third Party Permission/ PAIA Form

Permission to collect certain information form a third party

Contact us | Multilink Finansiële Dienste (Pty) Ltd FSP: 2972 Address | 6 Grey Street, Trichardt, 2300

Contact | 017 638 1048

Email | <u>info@multilinkfs.co.za</u> **Website** | www.multilinkfs.co.za

Purpose of this form

By completing this form, you allow Multilink Finansiële Dienste (Pty) Ltd, to obtain your personal information, as indicated in Section B of this form, from relevant third parties.

A third party is any person or entity with whom you have a financial services relationship, such as long-term and short – term insurers, medical schemes and other financial service providers.

A. About yourself When you sign this form, you confirm the information provided is true and correct.

Title:	Surname:	Initials:	
Full name/s [as	per ID document]:		
ID or passport r	number:	Date of Birth:	Y Y Y M M D D
Country of issue	e:	Gender:	MF
Contact numb	er:	Email:	
*Medical Aid p	provider:	Membership numb	per:
Your financial s who conduct t FSP No:	ointment Services Provider services provider is an interme their business and give advice 2972 Multilink Finansiële Diens	under one business name.	roup of financial advisers
B.2 Nominate If you wish for a s specify his/her de	specific broker from the intermedi	ary house to be appointed as yo	our financial adviser, please
Broker surnan Broker's first n	ne: ames(s) as per ID Docume	nt:	
If you do not now	ningto g ano allia fingnaigi galvisa.	v the intermediant become will an	naint an advisar an vaur

If you do not nominate a specific financial adviser, the intermediary house will appoint an advisor on your behalf.

By signing this form you agree that the financial advisor and/or financial service provider [intermediary house] have access to your personal information as specified below, for the purpose of analysing, advising on, managing, administering and investing in various insurance products and medical aid schemes, society or fund providers.





Please choose the type of information you want to make available [you may select more than one option] Option A From To {biographic, financial and benefit information} Option B From To {biographic and financial information) From Option C (medical information) See Section C, paragraph [c] below _____ on Signed at Print name & surname: C. Terms & Conditions By consenting, I agree: That I am entitled to change or revoke my consent at any time. When I revoke my consent, my nominated broker and/ or financial services provider will no longer be able to access my personal information.

The consent I give is valid from the date and time when I give consent by signing this form and will continue until I change or revoke my consent. By selection option C [medical information] above, I give permission, according to the PAIA Act, to my medical scheme and insurance providers to provide my nominated broker and/or financial services provider with my personal information, including General Claim form/ Client Transaction history, Medical Usage form, Member name and surname, Gender, Beneficiary number, Member e-mail address and contact number, Membership number, Plan description, Type of plan, Billing practice number, Billing provider name, Process date, Treatment date, Primary CPT code and description, ICD 10 code and description, Nappi code, description of Nappi code and Scheduled medicine, Procedure code and procedure description, EDI Procedure, EDI Description, Claimed amount, Max tariff amount, Amount paid out of savings, Amount paid out of risk, Amount not paid (client liable), Reason code and Reason description.

Multilink Finansiële Dienste and/or my nominated broker (the FSP) will use the information for the following reasons: To carry out their obligations arising from any contracts entered into between me and the FSP, to notify me about changes to service products, to respond to my queries and comment and to suggest services and products the FSP thinks I might be interested in. Multilink Finansiële Dienste (Pty) Ltd will ensure that they comply with the Protection of Personal Information Act, No.4 of 2013 (POPIA) in that Multilink Finansiële Dienste (Pty) Ltd is legally obliged to provide adequate protection for my personal information they hold and to prevent unauthorised access and use of my personal information. Multilink Finansiële Dienste (Pty) Ltd will, on an ongoing basis, continue to review their security controls and related processes to ensure that my personal information is secure. I may need to send an updated or new application form if a third party service provider requires this. My signature below indicates my understanding of an agreement to comply with the terms of this consent form. I had sufficient opportunity to ask questions about this form and have had these questions, if any, answered to my satisfaction by Multilink Finansiële Dienste (Pty) Ltd. I have had an opportunity to read [or have read to me] and I am aware of and fully understand all the terms, conditions and consequences of giving my consent. Signed at on Print name & surname: __ Signature of person giving permission: _ Please sign only if information is true, complete and correct Signed at





Print name & surname:	
Signature of financial adviser:	