

FAIS DISCLOSURE NOTICE / STATUTORY NOTICE (CREDIT PROTECTION)
DISCLOSURES REQUIRED IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT 37 OF 2002

(This notice does not form part of the Insurance Contract or any other document)
 As a short-term insurance policyholder or prospective policyholder, you have the right to the following information:

1. THE INTERMEDIARY (INSURANCE BROKER)

Company Name :	McGuinness Insurance Brokers CC	FSP No :	16837
Physical Address :	45 Old Main Road, Kloof, Durban, 3610	Postal Address :	PO Box 1106, Westville, Durban, 3630
Telephone No :	0318180001 / 0318180005	Facsimile No:	0317644190
Registration No :	1994/027082/23	VAT No :	4080243589

McGuinness Insurance Brokers CC does not own or directly hold more than 10% of the insurer's shares and does not receive more than 30% of its total commission and remuneration over the preceding 12 months, from the insurer. They are paid for their services by being paid commission and/or fees. McGuinness Insurance Brokers CC is accredited with the relevant knowledge, competency and proficiency to market the products of the insurers below within the scope of its authority and is not an associated company of an insurer: Charis, Zurich, Renasa, Regent, Absolute, Thatch Risk, MUA, Santam, Mutual & Federal, Aquarius, BnB Sure, HIU, Factory and Industrial, Quicksure, UMS, Cross Country. Without, in any way, limiting and subject to the other provisions of the Services Agreement/Mandate, McGuinness Insurance Brokers CC accepts responsibility for the lawful actions of their Representatives (as defined in the Financial Advisory and Intermediary Services Act) in rendering financial services within the course and scope of their employment. McGuinness Insurance Brokers CC is your Broker. Mike McGuinness operates as a member of McGuinness Insurance Brokers CC for 15 yrs. He has 35 yrs experience in providing advice & intermediary services on Short Term Insurance & has obtained an FETC : Short Term insurance Level 4.

Policy Wording : A copy of the policy wording can be obtained from Monitor Administrators (Pty) Ltd

Claims Procedure : Claim forms & all required documents to be submitted to the Claims Manager at Tel: 0318180005 or e-mail claims@aspis.co.za

Legal Status : McGuinness Insurance Brokers CC is licensed as a financial service provider in terms of section 8 of the financial advisory and intermediary services act, 2002 (act no. 37 of 2002)

PI Cover : McGuinness Insurance Brokers CC has Professional Indemnity Insurance cover

Complaints Procedure : All complaints relating to the intermediary must be sent, in writing, to the Complaints Manager on info@aspis.co.za

Compliance Officer: Independent Compliance Management Solutions who is represented by: Debbie Smith. Tel: 0741877325 Fax 0866069660

Conflict of Interest : McGuinness Insurance Brokers CC have a documented Conflict of Interest policy which you can access via mike@mcgins.co.za

2. THE ADMINISTRATOR

Company Name :	Monitor Administrators (Pty) Ltd	FSB No :	17824
Physical Address :	45 Old Main Road, Kloof, 3610	Postal Address :	PO Box 467, Kloof, 3640
Telephone No :	0318180000	Facsimile No :	0318180044
Registration No :	2003/004608/07	VAT No :	4890207980

Monitor does not own issued shares directly or indirectly of any Life Assurer or Financial Product provider and is not an associated company of any Life Assurer or product provider. Monitor is mandated by the insurer to act as an administrator on their behalf and is paid a binder fee for this service.

Legal Status : Monitor Administrators (Pty) Ltd is an authorised financial services provider & intermediary and has been in practice since 2002

PI Cover : Monitor Administrators (Pty) Ltd has Professional Indemnity insurance cover

Complaints Procedure : All complaints relating to the administrator must be sent, in writing, to the Complaints Manager on monitor@monitorkzn.co.za
 You can access our Complaints Resolution Policy via email.

Compliance Officer: Independent Compliance Management Solutions who is represented by: Debbie Smith. Tel: 0741877325 Fax 0866069660

Conflict of Interest : Monitor Administrators (Pty) Ltd have a documented Conflict of Interest policy which you can access via monitor@monitorkzn.co.za

3. YOUR INSURER

Company Name :	Guardrisk Insurance Company Ltd	FSP No :	75
Physical Address :	102 Rivonia Road, Sandown, Sandton, 2196	Postal Address:	PO Box 786015 Sandton 2146
Telephone No :	0116691000	Facsimile No :	0116691931
Registration No :	1992/001639/06	VAT No :	4250138072

Legal Status: Guardrisk Insurance Company Ltd is a division of Guardrisk Group (Pty) Ltd. Guardrisk Insurance Company Ltd is a registered insurer in terms of the Short Term Insurance Act 53 of 1998

PI and FG Cover: Guardrisk Insurance Company Ltd has Professional Indemnity & Fidelity Guarantee cover in place

Complaints Procedure : All complaints regarding the features of the product must be referred to Guardrisk Insurance Company Ltd can be forwarded to the Compliance Office at the number below or by emailing complaints@guardrisk.co.za.
 You can access our Complaints Resolution Policy at www.guardrisk.co.za or email complaints@guardrisk.co.za

Compliance Officer : Guardrisk Insurance Company Ltd, PO Box 786015, Sandton, 2146 Tel No 0116691039 E-mail compliance@guardrisk.co.za

Conflict of Interest : Guardrisk Insurance Company Ltd have a documented Conflict of Interest policy which you can access via www.guardrisk.co.za or email compliance@guardrisk.co.za

3.1 PREMIUMS (DETAILS OF THE PREMIUMS PAYABLE)

Due Date of Payment:	The premium is payable, in arrears, as per your Policy Schedule
Consequence of Non-Payment :	No premium = no cover and no claim shall be payable to you
Premium Amount:	The premium and all accompanying charges are detailed on your Policy Schedule
Type of policy :	The type of policy is detailed on your Policy Schedule

4. WARNINGS AND OTHER MATTERS OF IMPORTANCE

You must be informed of any material changes to the information referred to in paragraph 1 – 3. If the information in paragraphs 1 – 3 was given orally, it must be confirmed in writing within 30 days. If any complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short-Term insurance. Polygraph or any lie detector test is not obligatory. In the event of a claim and the failure thereof may not be the sole reason for repudiating a claim. If the premium is paid by debit order: a) It may only be in favour of one person and may not be transferred without your approval; AND b) The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order. The insurer and not the intermediary must give reasons for repudiating your claim. Your insurer may not cancel your insurance merely by informing the intermediary. There is an obligation to make sure the notice has been sent to you. You are entitled to a copy of the policy free of charge. Do not sign any blank or partially completed application forms and complete all forms in ink. Keep all documents handed to you and make notes as to what is said to you. Don't be pressured to buy the product. Incorrect or non-disclosure by you of relevant facts may influence an Insurer on any claims arising from your contract of insurance.

5.PARTICULARS OF OMBUDSMAN & REGISTRAR

<p>THE SHORT-TERM INSURANCE OMBUDSMAN Name: Ombudsman for Short-Term Insurance Postal Address: PO Box 32334, Braamfontein, 2017</p> <p>E-Mail: info@osti.co.za Telephone No : 0117268900 Facsimile No : 0117265501</p>	<p>THE REGISTRAR OF SHORT TERM INSURANCE Name: Financial Services Board Postal Address : PO Box 35655, MenloPark, 0102</p> <p>E-Mail: info@fsb.co.za Telephone No : 0214288000 Facsimile No : 0213466941</p>	<p>THE FAIS OMBUDSMAN Name: FAISOmbud Postal Address : Sussex Office Pk, Ground Floor, Block B 473 Lynnwood Rd, Cnr Lynnwood Rd & Sussex Ave, Lynnwood, 0081</p> <p>E-Mail: info@faisombud.co.za Telephone No : 0124709080 Facsimile No : 0123483447</p>
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The Ombudsman is available to advise you in the event of claim problems which are not resolved satisfactorily by the Intermediary & insurer

I hereby agree that I have read and understand all the terms and conditions of the product detailed in this document.

SIGNED BY

LOAN HOLDER'S FULL NAME: _____

LOAN HOLDER'S SIGNATURE: _____

DATE SIGNED: _____