

Protection of Personal Information Disclosure

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

**Member
Quick Access
Self Service**



**Get in touch with your
retirement information**

Member Support:

You can update your contact details by registering and logging into our member portal here:

Web: <https://cp.sanlam.co.za> **or Email:** SCClientCare@sanlam.co.za **or Tel:** 086 122 3646

SECTION A: Member's personal details

Title			
First name(s)			
Surname			
RSA Identity number*			<i>*Compulsory</i>
If not RSA, passport number*			<i>*Compulsory (if the RSA ID not used)</i>
Date of birth*			<i>(dd/mm/yyyy) *Compulsory if Passport used</i>
Contact number(s)	Cell phone		Alternative
Email			
Employer name			

SECTION B: Details of temporary absence

Date of commencement of membership:			
Date of commencement of temporary absence:			
Date on which temporary absence will expire (or estimated date):			
Reason for temporary absence:			
Maternity leave	<input type="checkbox"/>	Unpaid leave	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>
Contribution details:	Bill member contributions	<input type="checkbox"/>	Bill employer contributions
			<input type="checkbox"/>
Member's contributions deducted since last return up to date on which temporary absence commenced (applicable if an annual return of members' contributions is provided to Sanlam):			R
If service is resumed on a date other than the 1st of the month in the case of monthly paid members, please state whether contributions will be deducted for that month:	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
The contributions of the member and the employer	Cease	<input type="checkbox"/>	
	Continue	<input type="checkbox"/>	

Declaration - I hereby declare that:

I/We declare on behalf of the fund/scheme that the particulars given above are true and correct and that the employer regards the absence as approved temporary absence and the person as an employee.

Signed at		Identity number	
Member's signature		Date (dd/mm/yyyy)	

Please e-mail the completed documentation to the administrator