
I the undersigned, _____ (full name(s) and Surname),

with identity number/passport number _____ of

Address _____

_____ declare that:

I have elected to receive COVID-19 vaccination facilitated by Sanlam Life Insurance Limited ("**Sanlam**") at a designated office of Sanlam or its Affiliates* or its designates or its business partners as the case may be.

I am of sound mind and fully understand and accept all risk(s) associated with the COVID-19 vaccination.

I understand and have been duly informed that in accordance with the Covid-19 Vaccination Form issued by the Department of Health that;

- the COVID-19 vaccination has been designed to reduce the chance of me suffering from the COVID-19 disease;
- Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection from the vaccine.
- that the majority of adverse reactions are mild to moderate in severity and usually resolve within a few days of vaccination; and these expected side effects have been described
- people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.
- The vaccine cannot give me COVID-19 infection, and I will have to complete the vaccination schedule for this vaccine to reduce my chance of becoming seriously ill.
- I will still need to follow the guidance in my workplace and public areas, including wearing the correct personal protection equipment and taking part in any screening programmes.
- Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.
- This vaccine has been authorised for use by the South African Health Products Regulatory Authority, in terms of the Medicines and Related Substances Act (Act 101 of 1965) for the active immunisation of individuals ≥ 18 years old for the prevention of coronavirus disease 2019 (COVID-19).

I fully understand and accept that the vaccination and incidental activities relating thereto shall be undertaken at my own risk. I agree to receive the COVID-19 vaccination as explained to me.

To the fullest extent permitted by law, I on behalf of myself, the executors of my estate, and on behalf of my dependants specifically indemnify and hold Sanlam and/or its Affiliate, any employee, director, officer, agent of Sanlam and/or its Affiliate and anyone contracted by Sanlam and/or its Affiliate (the "**Sanlam Indemnitees**"), harmless against any claim(s) of any nature which may arise, resulting in direct, indirect or consequential damages or loss, personal injury, illness or my death, whilst I am at a designated office or as a direct or indirect result of the vaccination being administered including where such direct or consequential damage or loss, personal injury, illness or my death resulted from my own negligence or wrong doing.

I further indemnify the Sanlam Indemnitees against any costs of any nature including costs on the scale as between attorney and own client which it may incur in respect of any action taken against any Sanlam Indemnitee as a result of the aforementioned accident.

Signed this _____ day of _____ 2021 at _____

Signature _____