

DISCLOSURE NOTICE



FSP. 13613

1. ABOUT THE FINANCIAL SERVICES PROVIDER (INTERMEDIARY / BROKER)

- a) Renaissance Insurance Brokers Office:
Address: 31 Oribi Street, Jeffreys Bay
Postal: P O Box 2060, Hillcrest, 3650
Website: www.renins.co.za **Telephone:** 0861 112 778
Registration No.: 1996/006934/23
FSP Licence No.: 13613
- b) We are a close corporation registered in accordance of the Close Corporation Act;
- c) We have a contract with all Insurers with whom we deal, to act as insurance brokers;
- d) The following people act on our behalf and are authorised to represent us without supervision:
- Ericka Geldenhuys** – Key Individual
De Wet Mouton – Representative
- e) Our compliance officer is Louise Parly and can be reached at 082 459 1520 / 031 582 1419 or lparly@vodamail.co.za;
- f) We have been authorised to provide financial services in respect of short term personal lines and short term commercial products;
- g) We have professional Indemnity cover in place through AON;
- h) We do not receive more than 30% of our commission and remuneration in the last calendar year from any one insurance company.
- i) Details of our complaints handling procedures are available from our website;
- j) Renaissance Insurance Brokers accepts responsibility for the actions of its key individuals and representatives in the rendering of the financial services involved;
- k) We have no shareholding in any product suppliers (Insurers);
- l) We are remunerated for our services by being paid commission and fees from the Product Suppliers (Insurers) as follows:

Non motor classes	20%
Motor classes	12.5%
SASRIA	11%
Broker Fees	As indicated in the policy schedule

2. POPIA

Certain personal information may be required in order to render proper financial advice and for marketing purposes. Your consent in collecting such or otherwise processing such information is necessary, should there be any personal information you are not comfortable with me collecting and/or otherwise processing, kindly notify me in writing. You are aware that such Personal Information must be dealt with in accordance with the Personal Protection of Information Act ("POPI"). You consent to such personal information being used by any necessary third party such as the Insurer for purposes of service to you as client and will not be used for marketing without consent. By signing this letter you agree that such consent has been provided to me by you.

3. ABOUT THE PRODUCT SUPPLIER (INSURER)

The following information is disclosed separately and confirmed in writing in the Policy, Policy schedules and other standard disclosure documents:

- a) Name, physical location, postal and telephone contact details;
b) Contact details of compliance and complaints departments.

4. ABOUT THE FINANCIAL SERVICE

The following information is disclosed separately and confirmed in writing in the Policy, Policy schedules and other standard disclosure documents:

- a) Name, Class or Type of Policy
b) Extent of premium obligations you assume, as policyholder, including the manner of payment thereof, the frequency thereof, and the consequences of non-payment;

- c) The rand value of any commission, fees or valuable consideration which will or may become payable to the Provider (Intermediary / Broker);
d) Procedure on how to institute a claim.

5. OTHER MATTERS OF IMPORTANCE

- a) You must be informed of any material changes to the information referred to in paragraph 1, 2 and 3 above;
b) If the information in paragraphs 1, 2 or 3 was given orally it must be confirmed in writing within 30 day's;
c) If any complaint to the Provider (intermediary) or Product Supplier (Insurer) is not resolved to your satisfaction, you may submit a complaint to the FAIS Ombud;
d) Polygraph or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such a test;
e) If the premium is paid by debit order, it may only be in favour of one person and may not be transferred without your approval. The Insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel said debit order;
f) The Insurer and not the Intermediary must give reasons for repudiating your claim;
g) The Insurer may not cancel your insurance merely by informing your intermediary. There is an obligation to ensure the notice has been sent to you;
h) You are entitled to a copy of the policy, free of charge.

6. WARNING

- a) Do not sign any blank or partially completed application form;
b) Complete all forms in ink;
c) Keep all documentation provided to you;
d) Make notes as to what is said to you;
e) Don't be pressurised to buy the product;
f) Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claim arising from your contract on insurance.

7. SHORT TERM INSURANCE OMBUDSMAN

P O Box 32334 **Tel:** (011) 726 8900
Braamfontein / 2017

FAIS OMBUD

P O Box 74571 **Tel:** (012) 470 9080
Lynnwood Ridge / 0040

REGISTRAR OF SHORT TERM INSURANCE

F S C A **Tel:** (011) 428 8000
P O Box 35655
Menlo Park/0102

Signature: _____ (client)

Name: _____
(please print)

Signature: _____ (Renaissance)

Name: _____
(please print)