



2018 Intermediary Disclosure & Client Application Form

Administrators (Pty) Ltd

An authorised financial services provider – FSP: 26848

Call Centre: 086 155 3553

Fax: 086 683 1913

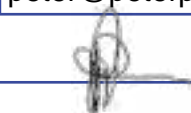
E-Mail: newbus2@curaadmin.net

Underwritten by the Constantia Life and Health Assurance Company Limited, (Managed by Ambledown Risk and Underwriting Managers (Pty) Ltd & Administered by Cura Administrators (Pty) Ltd)

1. Intermediary Disclosure:

- This is not a medical scheme application and the cover is not equivalent to that of a medical scheme. This policy is not a substitute for medical scheme membership and is a Short-term Health Insurance product
- Please note that National Treasury is busy with regulatory changes of products covered by the Demarcation Regulations, which might influence the current Health Insurance products and the benefits offered by Cura Administrators.
- I am an authorised representative of Cura Administrators (Pty) Ltd;
- I am/am not working under supervision;
- I have the necessary qualification and training to advise my clients on the short term personal lines and funeral scheme products of Cura Administrators (Pty) Ltd;
- I do not own more than 10% of issued shares directly or indirectly in any product provider/supplier;
- Cura Administrators (Pty) Ltd is not an associated company of any product provider/supplier;
- I earn my income from commission – 20% of monthly premium, VAT inclusive, that the product supplier pays on the products purchased by my clients;
- I have not earned more than 30% of my total commission from anyone product provider in the past 12 months;
- Cura Administrators (Pty) Ltd has professional indemnity insurance;
- It is the policy of Cura Administrators (Pty) Ltd to provide appropriate financial advice to clients based on their objectives and needs;
- Advice will be considered relevant for at least a period of 12 months after membership has been taken up, provided that your current health and financial status remains unchanged and the product supplier maintain the current benefits.
- Cura Administrators (Pty) Ltd offer the following type of products: funeral cover, different types of gap cover, cancer cover and life and health cover;
- Funeral scheme or the respective short term personal lines products will be issued by the product provider as separate policies, because the products offered are individual products. In the event of cancellation each product must be cancelled individually;
- Insurer: Cura Administrators (Pty) Ltd is contracted with is Constantia Life and Health Assurance Company Limited, Unit 3 Tulbagh, 360 Oak Avenue, Randburg, 2191, Tel no: (011) 686 4200 to market and administer their products;
- Administrator: Cura Administrators (Pty) Ltd is contracted with Ambledown Risk & Underwriting Managers (Pty) Ltd, Ground Floor, Worcester House, Eton Office Park, c/o Sloane & Harrison Streets, Bryanston, 2191, Tel no: 086 126 2533, E-mail: info@ambledown.co.za;
- Moonstone Compliance (Pty) Ltd is the compliance officer of Cura (Pty) Ltd. Moonstone Compliance (Pty) Ltd is situated at 25 Quantum Street, Technopark, Stellenbosch, 7600 and can be contacted at (021) 883 8000;
- If you have a complaint about the advice you received, you can direct your complaint to Cura Administrators (Pty) Ltd. If you do not receive acceptable assistance, you can direct your complaint to the Ombud for FAIS: PO Box 74571, Lynwoodridge, 0040, Tel: (012) 470 9080 / 086 032 4766
- Cura Administrators (Pty) Ltd has adopted a Conflict of Interest Management Policy in order to avoid, or where this is not possible, mitigate any conflict of interest between Cura Administrators (Pty) Ltd as financial service provider (including its representatives) and clients. This policy is available on the website of Cura Administrators (Pty) Ltd or a copy of the policy can be obtained upon your request.

2. Intermediary Details: **Must be completed in full**

| | | | |
|--|---|-------------------------------------|---|
| Brokerage Name | <input type="text" value="Peter J Pyburn"/> | FSP No | <input type="text" value="Peter J Pyburn"/> |
| Physical Address | <input type="text" value="55, Poplar Avenue, Broadacres"/> | | |
| | <input type="text" value="Gauteng"/> | | |
| Postal Address | <input type="text" value="PO BOX 1068"/> | | |
| | <input type="text" value="Fourways, 2055"/> | | |
| Tel | <input type="text" value="083 377 8893"/> | Fax | <input type="text" value="0866 688 122"/> |
| E-mail Address | <input type="text" value="peter@peterpyburn.co.za"/> | | |
| The Brokerage has Professional Indemnity Cover? | Yes | <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| I am working under supervision of a authorized Financial Services Provider | Yes | <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The Brokerage has a complaints policy and procedures | Yes | <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The Brokerage has 10% or more shares in any Insurer? | Yes | <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, name the Insurers | <input type="text"/> | | |
| Did the Brokerage receive 30% or more of the total commission received during the past calendar year from any Insurer? | Yes | <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, name the Insurers | <input type="text"/> | | |
| Representative Surname | <input type="text" value="Pyburn"/> | First Name | <input type="text" value="Peter"/> |
| Cell | <input type="text" value="083 377 8893"/> | Relevant Experience | <input type="text" value="+26 years"/> |
| E-mail Address | <input type="text" value="peter@peterpyburn.co.za"/> | | |
| Representative Signature |  | | |
| | Date _____ | | |

3.1 Principal Insured Person Details: *Attach a copy of ID Document*

| | | | |
|----------------|----------------------|---------------|----------------------|
| Surname | <input type="text"/> | First Name/s | <input type="text"/> |
| ID Number | <input type="text"/> | Date of Birth | <input type="text"/> |
| Gender | <input type="text"/> | Title | <input type="text"/> |
| Marital Status | <input type="text"/> | | |

3.2 Contact Details: *Must be completed in full*

| | | | |
|---------------------|----------------------|------|----------------------|
| Residential Address | <input type="text"/> | | |
| | <input type="text"/> | Code | <input type="text"/> |
| Postal Address | <input type="text"/> | | |
| | <input type="text"/> | Code | <input type="text"/> |
| Tel (H) | <input type="text"/> | Cell | <input type="text"/> |
| Tel (W) | <input type="text"/> | Fax | <input type="text"/> |
| E-mail Address | <input type="text"/> | | |

3.3 Dependants: *Attach copies of all ID Documents*

| Relationship | Surname & First Name/s | Gender | ID Number |
|--------------|------------------------|--------|-----------|
| Spouse | | | |
| Child 1 | | | |
| Child 2 | | | |
| Child 3 | | | |
| Child 4 | | | |
| Child 5 | | | |
| Child 6 | | | |
| Child 7 | | | |
| Child 8 | | | |

- All new-borns must be registered within 30 days after birth as a dependant of the Principal Insured Person.
- Proof of fulltime "Student Registration" must be attached for all children between 21 and 25 years, if a dependant.

I hereby declare that the above insured persons, with different surnames, are related to me as:

| | | | | | |
|------------------|--------------------------|------------------------------|--------------------------|---------------------------|--------------------------|
| Biological child | <input type="checkbox"/> | Step child | <input type="checkbox"/> | Foster child | <input type="checkbox"/> |
| Adopted child | <input type="checkbox"/> | Married to principal insured | <input type="checkbox"/> | Common law husband / wife | <input type="checkbox"/> |

3.4 Health Declaration: *Must be completed in full*

Do you or any of the eligible persons on this application suffer from any existing medical conditions, or have you received treatment for any illness or injury in the past.

Yes No

If yes, please provide details below

| Name of insured | Details of known existing medical conditions | Date of last treatment |
|-----------------|--|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

3.5 Medical Scheme Details And Needs Analysis Relating To Cura

Products: Please provide Medical Scheme Membership Certificate

| | | | |
|----------------------------|---|-----------------------|--|
| Medical Scheme | <input type="text"/> | Option | <input type="text"/> |
| Member No | <input type="text"/> | Hospital Limit | <input type="text"/> |
| Paid at | Tariff <input type="checkbox"/> Cost <input type="checkbox"/> | Co-Payments | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Funeral Cover | Yes <input type="checkbox"/> No <input type="checkbox"/> | Product/s recommended | <input type="text"/> |
| Motivation for new product | <input type="text"/> | | |
| | <input type="text"/> | | |

3.6 Current Health Insurance Product Details: Please provide proof

| Insurer | Products | Premium |
|---------|----------|---------|
| | | |
| | | |

4.1 Declaration By Client:

I declare that:

- I have not withheld any information and I accept that this application and declaration shall be the basis of the contract of insurance between me and the Company, which will become effective on the first day of the month for which premiums are received;
- I understand the information disclosed to me by the representative and my chosen products as indicated on this application form;
- I confirm having been advised that a Financial Services Provider must, before providing a client with advice, taken reasonable steps to gather appropriate and available financial and health information from me, conduct a needs analysis, and based on the information obtained from me, provide me with appropriate advice. The representative took reasonable steps to ensure that I understand the advice and that I am in a position to make an informed decision.
- I confirm that a full analysis of my needs relating to the CURA product range were done and resulted in my decision to take the product(s) indicated in section 5; OR
- I understand and accept that I instructed the representative not to proceed with a full Financial Needs Analysis and that this could have the effect that all my financial needs may not be properly addressed and I accept the consequences of it. I confirm that, in my case, a Full Analysis of my needs was not done due to the following reason(s):

| Action taken | Initial where applicable |
|---|--------------------------|
| I can only choose a product, as prescribed by my employer/medical scheme and subsequently the representative only provided factual information on the prescribed product; | |
| I did not provide the Representative with all the necessary information required for a full needs analysis to be done; | |
| I identified the product(s) taken, by myself, based on my own knowledge of Health Insurance products, without the advice from the representative. | |

- I confirm that this CURA HEALTH INSURANCE INTERMEDIARY DISCLOSURE AND CLIENT APPLICATION FORM and all other relevant forms / documentation furnished to me by the Representative for purposes of my signature, were completed in full before I signed it and is based upon the information provided;
- I was given a final premium of the product/s recommended and listed on this application and was furnished with full and comprehensive information regarding the relevant terms and conditions, including the nature and extent of benefits provided, monetary obligations assumed by me, the extent to which the product is readily realisable, applicable special terms and conditions and exclusions;
- I hereby give permission that Cura Administrators (Pty) Ltd may send me information about products, services and related aspects. I understand that I can withdraw my consent at any time by informing Cura.

4.2 Replacement Declaration:

I declare that my representative / broker, indicated on page 1 of this application, has explained the consequences of replacing my health insurance product, to me in detail. He / she also explained to me what exactly is regarded as a replacement. The following with regard to an existing product will be regarded as a replacement:

- an existing product is cancelled at an Insurer and a new product is taken at another Insurer with different benefits;
- my newly chosen product replaces my existing product indicated in item 3.6 of this application and the motivation for the new product in item 3.5.

5. Product Choices: Client must initial next to Product/s chosen

| Product | Premium | Initial |
|---|---------|---------|
| 5.1 Cura GapCo SubCA Plus | R455.00 | |
| 5.2 Cura GapCoSub | R315.00 | |
| 5.3 Cura GapCo Mri | R295.00 | |
| 5.4 Cura Cancer Cover | R165.00 | |
| 5.5 Cura Life & Health | R240.00 | |
| 5.6 Cura Funeral | R18 000 | R80.00 |
| 5.7 Broker Fee Additional Broker fee with Intervals of R5.00 (Minimum R10.00) | R | |
| Total Premium to be deducted | R | |
| Inception Date | | |

Nominated Beneficiary for funeral benefits (Complete this section for products: 5.5 & 5.6)

| | | | |
|--------------------|----------------------|-----------|----------------------|
| Initials & Surname | <input type="text"/> | ID Number | <input type="text"/> |
| Relationship | <input type="text"/> | Cell | <input type="text"/> |

6. Premium Collection: Must be completed in full

Method of payment Debit order from bank account Company Payroll

6.1 Bank Details For Debit Order: No internet statements. Attach proof of bank account

| | | | |
|-----------------------|--|---|--|
| Account Holder's Name | <input type="text"/> | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> |
| Account Number | <input type="text"/> | Branch Code | <input type="text"/> |
| Account Type | Current Account <input type="checkbox"/> | Transmission Account <input type="checkbox"/> | Savings Account <input type="checkbox"/> |

Please provide a Deduction Date from the 1st to the 15th of a month

Having applied for the above mentioned Product/s and on acceptance of my application by the Company, I hereby authorise the Company or its representatives to debit my account, the premium payable under the above plan/s on the selected day of each month in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one month's notice. I further authorise the Company to increase the amount due in terms of this policy from time to time and authorise my bank to effect payment on relevant increases.

Account Holders Signature _____ Date _____

6.2 Company Payroll Deduction Authorization:

I hereby authorise my employer to deduct from my salary the monthly premium, future increases, arrears and any other amount due by me to the Company and remit said premium the Company with effect from the starting date, by signing this application.

Employer's Signature _____ Date _____

7. Service Contract Between Client And Financial Service

Provider: **Brokers to complete**

I, the client, hereby enter into an agreement with

Peter Pyburn

FSP license number

2995

(Hereinafter referred to as the FSP)

I hereby appoint the FSP to provide financial services in regard to the products Cura Administrators (Pty) Ltd are authorised for; and the FSP holds a contract to market the products of Cura Administrators (Pty) Ltd, and the parties therefore now agree as follows:

7.1 Nature and extent of financial services to be provided

The FSP is hereby mandated to –

- establish and recommend to the client the most appropriate financial product within the range of available products as indicated in the product provider product brochure and within the context of the contracts and authority held by the FSP;
- assist the client with applications to the product supplier for the financial product chosen by the client, subject to the condition that -
 - i. accuracy, completeness of all answers, statements and other information provided by or on behalf of the client, is the client's responsibility;
 - ii. if the FSP completes and / or submits an application form on behalf of the client, the client must be satisfied as to the accuracy and completeness of the details;
 - iii. the client takes note of the possible consequences of misrepresentation or non-disclosure of a material fact or the inclusion of incorrect information;
- communicate with the product provider on behalf of the client and assist the client to effect any changes on the product held by the client;
- cancel the contract between the client and the product provider on behalf of the client;
- review the appropriateness of the product for the client on an annual basis

7.2 Duties of the client

- The client shall make such information available as would allow the FSP to analyse the needs and objectives, financial situation and risk profile of the client for the purpose of establishing the most appropriate product for the client;
- The client shall notify the FSP of any material changes in the Client's financial situation, needs and objectives, and risk profile, work or business situation within a reasonable time after the occurrence of the change, but no later than within 30 days of the change;
- The client shall have no claim against the FSP for any damage, financial or otherwise, caused by the fact that the client did not submit, or submitted belatedly, material changes referred to in paragraph (b) above, to the FSP.

7.3 Cancellation of the contract

- This contract may be terminated by either party within 30 calendar day's written notice to the other party.
- The FSP shall notify the product provider with whom the Client is contracted that this service contract between the FSP and the Client has been terminated and that all future communications from the product provider should be addressed directly to the Client.
- Such funds or documentation that is held by the FSP on behalf of the client (where applicable) shall be returned to the Client immediately after cancellation of the contract.

7.4 Confidentiality of information **Please ensure both parties sign**

- The FSP undertakes that all information provided by the Client will be kept confidential and will only be disclosed to third parties with the written consent of the Client, with the following exceptions:
 - .1.1. Client files and information contained therein, is subject to review I monitoring functions of the Compliance Officer of the FSP;
 - .1.2. Client information may be shared for research and marketing purposes with other financial service groups or parties with whom the FSP associates;
 - .1.3. The FSP is obliged to disclose any information if so required by law or in terms of an order of court.

Signed at _____ on this _____ day of _____ 20 _____

Signature of Client /
Authorized Signature _____

Signature of FSP or Duly
Authorised Representative _____



DISCLOSURE NOTICE IN TERMS OF SECTION 4 TO 7 OF THE GENERAL CODE OF CONDUCT OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES (FAIS) ACT, NO 37 OF 2002

Please read carefully.

This notice **does not** form part of the Insurance Contract or any other document. It does however contain information which is in your interest. This notice is provided at the inception of each policy.

1. YOUR INTERMEDIARY:

You have the right to the following information regarding the Broker, as indicated in your Policy's Schedule of Insurance, who must hold a valid license to operate under specific categories of business:

1. Name, address and contact details
2. Financial Services Provider License number
3. Legal status
4. Whether the services rendered are under supervision
5. Whether the broker holds more than 10% of the Insurer's shares and/or
6. Whether the broker received more than 30% of the total remuneration from the Insurer in the past year
7. Whether the broker holds any form of professional indemnity insurance
8. Details of complaints policy and procedures
9. Details of compliance arrangements
10. The Rand amount of fees, commissions or any valuable consideration payable
11. Contractual arrangements with the Insurer including any restrictions or conditions

2. YOUR ADMINISTRATOR:

Name: Cura Administrators (Pty) Ltd
Financial Services Provider License No: 26848

Postal Address: PO Box 42331, Moreleta Park, 0044
Physical Address: 829 Rubenstein Drive, Moreleta Park, Pretoria, 0044
Telephone: (086) 155 3553
Facsimile: (086) 681 3670

FSP Licence Category: Category 1 Short-Term: Personal Lines, Long-Term: Category A, Long-Term: Category B1 and B2. Licensed to offer both Intermediary Services and Advice.

The administrator did not receive more than 30% of the total remuneration from the Insurer in the past year.

3. YOUR UNDERWRITING MANAGER:

Name: Ambledown Financial Services (Pty) Ltd
Financial Services Provider License No: 10287

Postal Address: PO Box 1862, Cramerview, 2060
Physical Address: Ambledown House, Eton Office Park East, c/o Sloane & Harrison Streets, Bryanston
Telephone: (086) 126 2533
Facsimile: (011) 463 1600

4. YOUR INSURER (THE RISK CARRIER WITH WHOM YOUR POLICY IS PLACED):

Name: Constantia Insurance Company Limited
Financial Services Provider License No: 31111

Postal Address: PO Box 3518, Cramerview, 2060
Physical Address: Unit 3 Tulbagh, 360 Oak Avenue, Randburg, 2191
Telephone: (011) 686 4200
Facsimile: (011) 789 8828
Compliance Officer: Adv Christiene Brummer
E-mail: hristieneb@constantiaigroup.co.za

FSP Licence Category: Category 1 Short-Term, Personal and Commercial Lines and Participatory interests in Collective Investment Schemes. Licensed to offer both Intermediary Services and Advice.

5. YOUR POLICY, PREMIUMS AND FEES:

Refer to your Policy Schedule for your Policy, Premiums and Fees.

6. CLAIMS PROCEDURE:

Full details of the specific claims procedure that you should follow are stated in the insurance policy wording.

On the occurrence of any event, which may result in a claim or possible claim under the policy, please notify Cura Administrators (Pty) Ltd in writing or telephonically within 180 days of the Insured Event occurring. **(Late notification could result in rejection of the claim.)**

7. LODGING A COMPLAINT:

In the case of dissatisfaction with services received, you have the right to lodge a complaint through

Complaints Officer: Rudolph Ackermann
 Physical Address: 829 Rubenstein Drive, Moreleta Park, Pretoria, 0044
 Postal Address: PO Box 42331, Moreleta Park, Pretoria, 0044
 Telephone: (086) 155 3553
 E-mail: rudolph@curaadmin.net

A full Complaints Resolution Policy may be requested from the Compliance Officer as per details below.

In the case of dissatisfaction with services received, you have the right to lodge a complaint with Constantia Insurance Company Limited through

Complaints Officer: Astrid Baynes
 Physical Address: Unit 2 Tulbagh, 360 Oak Avenue, Randburg
 Postal Address: PO Box 3158, Cramerview, 2060
 Telephone: (011) 686 4200
 E-mail: complaints@constantiaigroup.co.za

8. CONFLICT OF INTEREST REQUIREMENTS

1. Cura Administrators (Pty) Ltd has established a Conflict of Interest Management Policy which is available on request from our Compliance Officer.
2. In order to meet regulatory requirements, financial or immaterial expenditure by and to our staff are monitored.
3. Where potential Conflicts of Interest have been identified which do not have a direct impact on you, the insured, internal structures are in place to manage and control such circumstances.

9. THE ADMINISTRATOR'S COMPLIANCE OFFICER

Compliance Officer: Mr Trevor Laubscher
 Physical Address: 25 Quantum Street, Technopark, Stellenbosch
 Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613
 Telephone: (021) 883 8000
 E-mail: tlaubscher@moonstonecompliance.co.za

10. PARTICULARS OF THE SHORT-TERM INSURANCE OMBUDSMAN:

Postal Address: PO Box 32334, Braamfontein, 2017
 Telephone: (011) 726 8900
 Sharecall: (086) 072 6890
 Facsimile: (011) 726 5501
 E-mail: info@osti.co.za

The Ombudsman is available to advise you in the event of claims problems which are not satisfactorily resolved by the Insurer.

11. PARTICULARS OF OMBUD FOR FINANCIAL SERVICE PROVIDERS (FAIS OMBUD):

Postal Address: PO Box 74571, Lynnwood Ridge, 0040
 Telephone: (012) 470 9080; (012) 762 5000
 Facsimile: (012) 348 3447; (086) 764 1422
 E-mail: info@faisombud.co.za

Should you not receive satisfaction in respect of a complaint lodged with the insurer (other than regarding the settlement of a claim), you may contact the FAIS Ombud.

12. PARTICULARS OF THE REGISTRAR OF SHORT – TERM INSURANCE:

Postal Address: PO Box 356555, Menlo Park, 0102
 Telephone: (012) 428 8000
 Facsimile: (012) 347 0221

13. SHARING OF INFORMATION:

The sharing of information for underwriting and claims purposes (including credit information) is in the public's interest as it enables the insurer to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

When you accept this policy you waive any person you may represent and/or your rights to privacy with regards to underwriting or claims information (including credit information) that you or any person you represent provide or that is provided by any other person on your behalf or on behalf of any person you represent in respect of any insurance policy or claim made or lodged by you.

You further confirm that you have purchased this product of your own free will and I was in no way forced or incentivised to purchase this product.

14. WARNING:

1. Do not sign any blank or partially completed application form.
2. Complete all forms in ink.
3. Keep all documents handed to you.
4. Make notes as to what is said to you.
5. Don't be pressurized to buy the product.
6. Misrepresentation, incorrect or non-disclosure by you of relevant facts may impact on any claims arising from your contract of insurance.
7. You, the client, must disclose all material facts accurately, fully, truthfully and properly.
8. The underlying policy has no cooling off rights. Your premium must be paid for cover to take effect.

15. OTHER MATTERS OF IMPORTANCE:

1. No person may request or induce you to waive your rights as set out in this disclosure notice or any other rights confirmed by the Short Term Insurance Act and/ or the Financial Advisory and Intermediary Services Act.
2. Failure to provide all correct and full material information may influence an insurer in respect of any claim arising under your contract of insurance.
3. You will be informed of any material changes to the information referred to in paragraph 1 and 2.
4. Your insurance may only be cancelled on 30 days prior notice which may be provided either directly to you or to your broker.
5. You are entitled to request a copy of the master policy free of charge.
6. You are entitled to a 15 day period of grace after the due date for the payment of your premium. (this period of grace applies from the second month on monthly policies only)
7. By entering into this Insurance contract you acknowledge that the sharing of credit, claims and underwriting information by Insurers is essential to enable the insurance industry to assess risk fairly and to reduce the incidence of fraudulent claims as this is in the public interest and is aimed at limiting premiums.
8. The application, certificate of insurance and the policy wording must be read as one document.
9. A polygraph or any lie detector test may be required in the event of a claim. The failure of such test may not be the sole reason for repudiating a claim.

16. USE OF YOUR PERSONAL INFORMATION:

When you enter into this policy, you will be giving us your personal information that may be protected by data protection legislation, including but not only, the Protection of Personal Information Act, 2013 (POPI). We will take all reasonable steps to protect your personal information.

You authorise us to:

1. Process your personal information to:
 - Communicate information to you that you ask us for.
 - Provide you with insurance services.
 - Verify the information you have given us against any source of database
 - Compile non-personal statistical information about you.
2. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control.
3. Transmit your personal information to any third party service provider that we may appoint to perform functions relating to your policy on our behalf.

You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed.