Bidvest life

Complaints Management

Policy and Procedure

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Table of contents

1. Definitions
2. Objective
3. Treating Customers Fairly
4. Complaints handling process
5. Complaints escalation and review process
6. Complaints related to BLL's service providers
7. Record keeping, categorisation and reporting of complaints
8. Ombud complaints
9. Protection of Personal Information Act (POPIA)
10. Promotion of Access to Information Act (PAIA)

Definitions

"ARC" refers to the Actuarial and Risk Committee.

"BLL" means Bidvest Life Limited, a licensed life insurance company and financial services provider (FSP47801).

"Beneficiary" in terms of a registered insurer means-
- a person nominated by the policyholder as the person in respect of whom the insurer should meet policy benefits, or
- in case of a fund member policy, a fund policy or a group scheme, a person nominated by the fund, member of the fund or member of the group scheme, or otherwise determined in accordance with the rules of that fund or group scheme as the person in respect of whom the insurer should meet policy benefits.

In terms of a licensed insurer-
- Has the meaning assigned to it in terms of the Insurance Act and for the purposes of this policy includes in the case of a fund policy, a person nominated by the fund, or person otherwise determined in accordance with the rules of that fund as the person in respect of whom the insurer should meet policy benefits.

"Business Day" means any day except a Saturday, Sunday or public holiday.

"Complainant" means a person who submits a complaint and includes a-
- Policyholder or the Policyholder's successor in title
- Beneficiary or the Beneficiary's successor in title
- Person whose life is insured under a policy
- Person that pays a premium in respect of a policy
- Member of a group scheme
- Potential policyholder or potential member of a group scheme whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material, who has a direct interest in the agreement, policy or service to which the complaint relates, or a person acting on behalf of a person referred to in this definition

"Complaint" means an expression of dissatisfaction by a person to an insurer or, to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that –
- the insurer or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the insurer or to which it subscribes; or
- the insurer or its service provider's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience, or
- the insurer or its service provider has treated the person unfairly.

"Compensation Payment" means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the insurer's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the insurer accepts liability for having caused the loss concerned, but excludes any –

- goodwill payment; or
- payment contractually due to the complainant in terms of a policy; or
- refund of an amount paid by or on behalf of the complainant to the insurer where such payment was not contractually due and includes any interest on late payment of any amount referred to above.

"Complaints Officer" means the designated BLL employee responsible for co-ordinating the complaints process.

"Formal Complaints Process" refers to BLL's complaints process as documented in the framework and the Complaints Policy.

"Formal Internal Process" refers to refers to BLL's internal complaints process as documented in the framework and the Complaints Policy.

"GCoC" means the General Code of Conduct published in terms of the Financial Advisory and Intermediary Services Act 37 of 2002.

"Goodwill Payment" means a payment, whether in monetary form or in the form of a benefit, or service, by or on behalf of an insurer to a complainant as an expression of goodwill aimed at resolving a complaint, where the insurer does not accept liability for any financial loss to the complainant as a result of the matter complained about.

"Ombud" has the meaning assigned to it in the-

- Financial Services Ombud Schemes Act,2004 (Act No. 37 of 2004) up until such time as such Act is repealed through Schedule 4 of the Financial Sector Regulation Act, and
- Financial Sector Regulation Act from the date on which such Act repeals the Financial Services Ombud Schemes Act, 2004 (Act No. 37 of 2004) through Schedule 4 of such Act.

"Policy" means a long-term insurance policy.

"Potential Policyholder" means a person who –

(a) has applied to or otherwise approached an insurer or an intermediary to become a policyholder; or
(b) has been solicited by an insurer or an intermediary to become a policyholder; or
(c) has received advertising, as defined in rule 10, in relation to any policy or related service of an insurer.

"Policyholder" means the person entitled to be provided with the policy benefits under a long-term policy and includes any person in respect of whom a fund, under a fund member policy, insures its liability to provide benefits to such person in terms of its rules.

"PPR" means the Policyholder Protection Rules, as issued in terms of the Long-Term Insurance Act, No 52 of 1998.

"Rejected" in relation to a complaint means that a complaint has not been upheld and the insurer regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by the insurer as unjustified or invalid, or where the complainant does not accept or respond to the insurer's proposals to resolve the complaint.

"Reportable complaint" means any complaint other than a complaint that has been-

- upheld immediately by the person who initially received the complaint; or
- upheld within the insurer's ordinary processes for handling policyholder queries in relation to the type of policy or service complained about, provided that such process does not take more than five business days from the date the complaint is received; or
- submitted to or brought to the attention of the insurer in such a manner that the insurer does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints.

"Standard Case" refers to a complaint received via an Ombudsman and the Insurer is required to provide a response and/or supporting documents directly back to the Ombudsman.

"Service Provider" means any person (whether or not that person is the agent of the insurer) with whom an insurer has an arrangement relating to the marketing, distribution, administration or provision of policies or related services.

"TCF" means the Treating Customers Fairly principles as set out in the PPR Rule 1.

"Transfer Case" refers to a complaint received via an Ombudsman and the Insurer has the opportunity to deal directly with the complainant in order to resolve the complaint before it is referred back to the Ombudsman.

"Upheld" means that a complaint has been finalised wholly or partially in favour of the complainant and that –

- the complainant has explicitly accepted that the matter is fully resolved; or
- it is reasonable for the insurer to assume that the complainant has so accepted; and
- all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the insurer within a time acceptable to the complainant.

Objective

In terms of the General Code of Conduct Authorised Financial Services Providers (FSP's) are required to establish a complaints management resolution framework comprising a complaints resolution policy and a complaints register. These requirements are aligned to The Policyholder Protection Rules and the Long-Term Insurance Act No. 52 of 1998. These rules contain the Treating Customers Fairly (TCF) principles.

Bidvest Life is an authorised Financial Services Provider with the authority to provide financial advice and intermediary services in terms of FAIS. In line with its business model the Company might outsources certain functions to a third -party service provider.

The purpose of this document is to set out our objectives, the key principles applicable and the responsibilities for dealing with complaints.

BLL is committed to ensuring that Policyholders are always treated fairly, consistently and efficiently, and undertakes to manage the policies and requests of its Policyholders in such a way that complaints do not arise. However, when they do, BLL is committed to ensuring that the processes applied in the resolution thereof is equitable in respect of all stakeholders and does not pose unreasonable barriers to Policyholders. During our Complaints handling process, we are committed to ensuring that at all times we will respect the confidentiality of the complainant. We adhere to the principles of the Protection of Personal Information Act No.4 of 2013 and our privacy policy in this regards is to be found at www.bidvestlife.co.za.

In order to achieve this, BLL will maintain and execute a Complaints Management Framework which is comprised of a Complaints Management Framework together with a Complaints Management Policy and Procedure ("CMPP") which is proportionate to the scale of its operations and business risks. When dealing with a Complaint BLL will gather and investigate all relevant and available information and circumstances before making a decision.

This CMPP seeks to ensure the following:

- A commitment to entrenching an efficient and fair Complaint handling system which is applied at all levels within BLL
- Promotion of the right to complain in a manner which enables BLL to receive and respond to Complaints promptly and efficiently
- That Policyholders are aware of the Complaints process, i.e. how Complaints can be lodged as well as how they will be managed
- The clear and simple explanation of the Complaints procedure, with clearly documented decision making, escalation, monitoring, oversight and review processes
- That staff are well trained, supervised and supported in the management of Complaints
- The implementation of changes to services, systems and processes where weaknesses are identified through ongoing root cause analysis of Complaints
- The provision of a clear explanation of any engagement between BLL and a relevant Ombud

The Complaint Management Framework and CMPP will be reviewed at least annually to ensure that they remain fit for purpose and effective.

Treating Customers Fairly ("TCF")

BLL is committed to treating Policyholders fairly at all stages of the relationship, including, but not limited to, product design, advice, point of sale and after sale servicing. BLL will record all Complaints for analysis to ensure that it understands what caused the Complaint, as well as to ensure that remediation of the issue has occurred to prevent the issue reoccurring. BLL is committed to demonstrating the following outcomes:

Outcome 1:
Policyholders are confident that they are dealing with an entity where the fair treatment of Policyholders is central to its culture.

Outcome 2:
The products and services marketed and sold by BLL are designed to meet the needs of identified Policyholder groups and are targeted accordingly.

Outcome 3:
Policyholders are given clear information and are kept appropriately informed before, during and after the time of contracting with BLL.

Outcome 4:
Where Policyholders receive advice from BLL Accredited Intermediaries and Representatives, the advice is suitable and takes account of their circumstances.

Outcome 5:
Policyholders are provided with products that perform as BLL has led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.

Outcome 6:
Policyholders do not face unreasonable post-sale barriers to change a product, replace a policy, submit a claim or make a Complaint.

BLL will apply these principles, where appropriate, in resolving Complaints.

Complaints handling process

NON-REPORTABLE COMPLAINTS:

1. Non-Reportable Complaint means:
   A Complaint or expression of dissatisfaction received from a Policyholder but not a formal written complaint submitted to the Complaints mailbox, and which was dealt with within 5 working days by internal BLL staff.

   In doing so, all undertakings provided by BLL were honoured and the Complaint was fully resolved to the satisfaction of the Complainant. Telephonic Complaints are generally received by the BLL Call Centre. The Call Centre number is given to Policyholders in all correspondence and it appears on all marketing material and advertising material.

2. Where a Complaint is received by BLL reception it must be referred to the Call Centre immediately.

3. The BLL employee who receives the Complaint will establish the nature of the Complaint and attempt to resolve it within 2 (two) days using all resources at their disposal. Should they be unable to provide the Complainant with a satisfactory within this time they must refer the query to their line manager for resolution. The line manager must ensure the Complaint is thoroughly investigated and resolved. In the event this is not possible within 5 (five) working days of receipt of the original Complaint, it must be treated as an Escalated Complaint.

4. In the case of a telephonic Complaint, the relevant staff member will log the call and link it to the relevant Policy (where applicable) in accordance with the BLL Call Logging Standards. The staff member must register the Complaint (together with all relevant and required information) on the BLL Complaints Portal as an Internal Non-Reportable Complaint.

5. If the Complaint is not in relation to a Policy or cannot be logged in accordance with BLL's Call Logging Standards, then the relevant information must still be obtained, and the Complaint registered on the BLL Complaints Portal.

6. The following information must be recorded on the BLL Complaints Portal for further analysis and reporting purposes:
   - The Complainant's details and the relevant Policy number
   - The basis and subject matter of the Complaint
   - The reasonable expectation of the Complainant regarding the outcome
   - Complaint categorisation in accordance with the categories described in the section describing "Record Keeping, Categorisation and Reporting of Complaints"
   - The relevant time frames applicable to the Complaint
   - Progress and status of the Complaint including whether progress is within or outside any set timelines
   - Any escalation required or initiated by the Complainant
   - The steps taken to resolve the Complaint
   - Remediation implemented
   - Outcome

7. Complaints registered on the BLL Complaints Portal will be monitored by the Complaints Officer on a daily basis to ensure the following:
   - Allow the Complainant the opportunity to express their dissatisfaction without unnecessary interruption
   - Acknowledge the information and confirm that it is understood correctly by repeating key points
   - Identify the problem that resulted in the Complaint
   - Offer a solution that is within their mandate and aligned to BLL policy and practise
   - Refer to supervising staff in the event that a resolution is not within the staff member's mandate
   - Implement the suggested solution and obtain feedback on the resolution from the Complainant

8. Complaints registered on the BLL Complaints Portal will be monitored by the Complaints Officer on a daily basis to ensure the following:
   - Complaint resolution is within agreed time frames and according to process
   - To ensure that the principles of objectivity and fairness are being applied
   - To establish whether intervention by senior management is required, and escalate pro-actively in the event that it is
   - To identify staff training needs and report this to the relevant manager

REPORTABLE COMPLAINTS:

1. BLL may receive Complaints via various platforms, including, but not limited to, calls, email, social media or the Customer Thermometer.

2. If it is not possible to respond to the Complaint satisfactorily through the internal complaints handling process, the BLL employee must request the Complainant to submit the Complaint, containing all relevant information and copies of all relevant documentation to:

   The Complaints Officer
   Postnet Suite 91
   Private Bag X01
   Umhlanga Rocks
   4320

   or by e-mail at **complaints@bidvestlife.co.za**

3. Social media platforms are monitored by the Marketing department. On receipt of a Complaint, they will confirm receipt of the Complaint on the same social media platform within 48 hours of receipt and refer it immediately to the Complaints Officer for referral to the responsible department manager for investigation and resolution. The resolution may include a response that will be posted to the relevant social media platform within a reasonable time. The Formal Complaints Process as detailed hereafter will be followed.

4. When submitting the relevant information and documentation to BLL, a Policyholder is asked to indicate the outcome they would deem satisfactory at the resolution of the Complaint.

5. Only once a Complaint is submitted to the Complaints Officer will it be considered a Complaint as defined in the Policyholder Protection Rules and dealt with in accordance with the BLL Formal Complaints Process. At this stage the Complaint, together with all the relevant documentation, will be logged onto the BLL Complaints Register and the BLL Formal Process will be followed.

6. The Complaints Officer will confirm receipt of the Complaint with the Complainant in writing within 2 (two) working days of receipt of the Complaint. The Complainant will be furnished with a copy of the Complaints Guideline which includes the timelines for addressing the Complaint and the contact details of the relevant department manager.

7. BLL will ensure that department managers have an appropriate mix of experience, knowledge and skills related to their department, as well as that they are adequately trained in Complaint handling and TCF to ensure that they are able to effectively assist with the resolution of Complaints.

8. Once a Complaint has been received, the Complaints Officer will assign it to the relevant department manager for investigation and resolution, which must occur within 15 working days, unless this is not possible. If this is the case, an explanation must be provided to the Complainant as to why it is not possible, and a revised timeline provided.

9. The Complaints Officer will ensure that the Complainant is kept informed of the progress of their Complaint, and in the event of any delay, must ensure that such delay and revised timelines are communicated to the Complainant.

10. Any decision made in relation to a Complaint must be fair, objective and equitable and only taken after consideration of all information.

11. The responsible department manager must provide the Complaints Officer with a detailed outcome of the Complaint, together with reasons for the outcome.

12. The Complaints Officer will advise the Complainant of the outcome in a suitable format and confirm it in writing.

13. Where a Complaint is rejected, the Complainant must be provided with reasons for the decision as well as the details of the "Complaints Escalation and Review Process". If the policy is underwritten by Guardrisk, the Complainant may also escalate the matter to Guardrisk by emailing them on complaints@guardrisk.co.za or phoning them on 0860 333 361, or the Policyholder may approach the relevant Ombud in the event that they are not satisfied with the outcome, and must be provided with the Ombuds contact details. The Complainant must be advised that they are required to lodge the Complaint with the Ombud within six months of receipt of the notification that their Complaint was rejected.

14. The "Complaints Escalation and Review Process" as well as the contact details of the relevant Ombud must be provided to the Complainant in writing.

15. Where a Complaint is upheld, any further steps that BLL has committed to will be undertaken without delay within the agreed timeframe, but no more than 7 working days after communication of the decision to the Complainant.

16. Upon the resolution of a Complaint, the Complainant will be contacted by the Complaints Officer to confirm the resolution thereof, as well as ensure that the outcome of the complaint is understood as well as whether the Complainant has any further queries. In addition to this, feedback on their experience during the Complaint resolution process will be requested.

17. In the event that the Complaint process has reached an impasse and it is evident that the resolution of the Complaint is not in the best interests of the complainant or BLL, the complaint will be referred for escalation.

18. A Complaint will only be regarded as having been resolved once the Complaints Officer has amended the status to "closed" on the BLL Complaints Portal and provided an explanation as to the resolution.

Complaints escalation and review process

1. In order to follow a balanced approach to Complaint escalation, and bearing in mind the legitimate interests of all parties involved, including the fair treatment of Complainants, BLL has established a Complaints Resolution Committee ("CRC") for the following purposes:

   - For the internal escalation of complex or unusual Complaints at the instance of the initial Complaint handler
   - Provide for Complainants to escalate Complaints not resolved to their satisfaction

2. Escalations to the CRC should be submitted in writing to the following:

   The Complaints Resolution Committee
   Postnet Suite 91
   Private Bag X01
   Umhlanga Rocks
   4320

   or by e-mail to **complaints@bidvestlife.co.za**

3. The CRC is committed to a simple, impartial and objective process to ensure the resolution of escalated Complaints. It will consist of, at a minimum, the Complaints Manager and senior department representatives from Compliance, Legal and Customer Services.

4. The CRC will confirm receipt of the Complaint escalation within **48 hours of receipt thereof** and will provide the Complainant with a copy of the BLL Complaints Guideline and timelines for addressing the Complaint.

5. The Complaints Officer, with support from the relevant department manager, will submit the Complaint and all supporting evidence to the CRC for review. A decision thereon must be made by the CRC within **5 (five) working days** of receipt unless further information is requested by them.

6. The CRC decision will be recorded in writing.

7. A CRC representative will advise the Complaints Officer in writing of the decision, and the Complaints Officer will thereafter communicate it to the Complainant in writing.

Complaints related to BLL's service providers

1. BLL requires that its service providers have adequate complaints management processes in place, including accurate recording of all Reportable Complaints, to ensure the fair treatment of Complainants.

2. BLL requires that its service providers have appropriate processes to notify Complainants of the Complaints process and the outcome of Complaints.

3. Monitoring and analysis of Complaints data is done on a regular basis.

4. There are referral processes between BLL and service providers regarding the handling and monitoring of Complaints.

5. Findings on identified risks, trends and actions taken will be contained in Market Conduct Reports that are presented to Executive Forums and the relevant governance structure.

Record keeping, categorisation and reporting of complaints

1. Each Complaint received by BLL will be recorded on the BLL Complaint Portal within **24 hours** of receipt.

2. The following information will be recorded on the Complaint Portal:
   - The Complainant's details including Policy information
   - The basis and subject matter of the Complaint
   - All evidence, documents and correspondence in relation to the Complaint
   - Complaint categorisation in accordance with the relevant categories
   - The relevant time frames applicable to the Complaint
   - Progress and status of the Complaint, including whether progress is within or outside any set timelines
   - The outcome of each Complaint
   - Details of Compensation and Goodwill payments
   - Whether the Complaint has been escalated, and the status and outcome thereof
   - Complainant feedback after resolution
   - The relevant TCF outcome which was impacted

3. Each Complaint will be categorised in accordance with the following categories:
   - Complaints relating to the design of a policy or related service, including the premiums or other fees or charges related to that Policy or service
   - Complaints relating to information provided to Policyholders
   - Complaints relating to advice
   - Complaints relating to Policy performance
   - Complaints relating to service to Policyholders, including complaints relating to premium collection or lapsing of Policies
   - Complaints relating to Policy accessibility or changes
   - Complaints relating to Complaints handling
   - Complaints relating to insurance risk claims, including non-payment of claims
   - Complaints relating to marketing material or marketing processes
   - Complaints relating to the application and underwriting processes
   - Complaints related to intermediary, outsourcing and binder arrangements and independent external service providers
4. Secure records will be kept on the BLL Complaints Portal. This includes, but is not limited to, the relevant evidence, correspondence and the decision taken.
5. BLL will maintain Complaints data on an ongoing basis with regards to the following:
   - Number of complaints received
   - Number of complaints upheld
   - Number of rejected complaints and reasons for the rejection
   - Number of complaints escalated by complainants to the internal complaints escalation process
   - Number of complaints referred to an ombud and their outcome
   - Number and amounts of compensation payments made
   - Number and amounts of goodwill payments made
   - Total number of complaints not yet resolved
6. The Complaints Manager will analyse Complaints data on an ongoing basis in order to identify issues and engage with the relevant departments to ensure that remediation occurs in an effort to prevent recurrences of poor outcomes and errors.
7. The Complaints Manager will provide a quarterly report to BLL's Insurance Risk Forum.
8. A Market Conduct Report detailing identified risks, root causes, trends and actions required to be taken will be provided to BLL's Executive Management and the ARC on a quarterly basis.

Ombud complaints

1. BLL maintains open and honest communication and co-operates with any Ombud with whom it deals.
2. BLL will always endeavour to resolve a Complaint referred to the Ombud before a final determination or ruling is made.
3. All Ombud Complaints received are referred to the Complaints Officer and the relevant department for communication with the Complainant, investigation and resolution.
4. The Complaints Officer will register all Complaints received from any Ombud on the BLL Complaints Portal for investigation, analysis and reporting purposes.
5. In the instance of a case classified as a Transfer Case, BLL is required to attempt to resolve the Complaint directly with the Complainant. The process is as follows:
   - BLL will follow the Complaints process detailed above under "Reportable Complaints Handling Process" and will provide copies of the correspondence and final outcome to the relevant Ombud.
   - Where the Complaint has been resolved to the satisfaction of the Complainant, acceptance of the resolution is provided to the Ombud.
   - Where the Complainant is not satisfied with the outcome of the Complaint, BLL will provide a detailed response and all supporting evidence to the relevant Ombud for the case to be dealt with as a Standard Case. Such evidence may include policy documents, recorded calls, claim documents and all correspondence.

6. BLL will comply with the time frames prescribed by the Ombud and submit the necessary responses and information.

7. A Complainant must lodge the Complaint with the Ombud within 6 months from the date of receipt of the decision taken by BLL.

8. The Ombud may determine that a Complaint would be more appropriately dealt with by a court and advise the parties accordingly.

9. When submitting a Complaint to the Ombud a Complainant should note that the Ombud will not investigate unless:
   - interested parties have been notified in writing of the receipt of the Complaint; and
   - interested parties have been given sufficient particulars of the Complaint to enable them to respond; and
   - interested parties have been given an opportunity to submit a response to the Complaint.

10. The Ombud may make a recommendation in an attempt to resolve the dispute timeously and to the satisfaction of all the parties involved. In such a case the recommendation may be accepted or declined by either party. Where such a recommendation is accepted, the recommendation will become a final determination.

11. The Ombud may:
    - Decline to entertain a Complaint
    - Dismiss a Complaint
    - Uphold the Complaint, partially or wholly

12. Where a determination is made by the Ombud, it is final and binding on the parties.

13. BLL maintains records of all Complaints referred by and to the Ombud, as well as the outcome thereof. The data is analysed to monitor trends and conduct root cause analyses. Monthly reports are provided to the Customer Services Forum.

14. BLL monitors determinations, publications and guidance notes issued by the relevant Ombud with a view to identifying failings or risks in policies, services or practice within BLL.

15. The contact details of the relevant Ombuds are available on the BLL website and are also communicated to Claimants and Policyholders.

16. The contact details of the relevant Ombuds as well as the Financial Sector Conduct Authority are detailed below:

Long-Term Insurance Ombudsman
Telephone: +27 21 657 5000
Fax: +27 21 6740951
Email: info@ombud.co.za

Physical address:
3rd Floor Sunclare Building
21 Dreyer Street
Claremont
Cape Town
7700

Postal address:
Private Bag X45
Claremont
7735

The Financial Sector Conduct Authority
Telephone: +27 12 428 8000
Fax: +27 21 346 6941
Email: info@fsca.co.za

Physical address:
41 Matroosberg Road
Ashlea Gardens
Pretoria
0002

Postal address:
PO Box 35655
Menlo Park
0102

FAIS Ombud
Telephone: +27 12 470 9080
Fax: +27 12 348 3447
Email: info@faisombud.co.za

Physical address:
Kasteel Park Office Park
2nd Floor Orange Building
c/o Nossob & Jochemus Street
Erasmus Kloof
Pretoria
0048

Postal address:
PO Box 74571
Lynnwood Ridge
0040

Protection of Personal Information Act "POPIA"

The Company adheres to the Protection of Personal Information Act No.4 of 2013 which seeks to protect your personal information. For more details on how we deal with your personal information, please refer to our privacy policy which can be found **www.bidvestlife.co.za**. If you have any complaints in this regard, please email us on **datacomplaints@bidvestlife.co.za** .

If you are still not satisfied with the outcome of your complaint, you may escalate your complaint to the Information Regulator on complaints.IR@justice.gov.za.

Promotion of Access to Information Act "PAIA"

The Promotion of Access to Information Act 2 of 2000 relates to the freedom of information and our PAIA Manual is also available on our website. Requests for access to information may be made to The Information Officer at **datacomplaints@bidvestlife.co.za**. In the event you are not satisfied with the outcome of a request you may apply to the Information Regulator or a court of competent jurisdiction for further relief.