

## CLIENT DATA PROTECTION AND CONSENT FORM

Confidential – For Internal Use Only

### 1. Client Information

Name(s)

Surname

ID / Passport No  Nationality

Date of Birth 

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 Contact No. 

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Email Address

Residential Address

### 2. Purpose of Data Collection

- We collect your personal data to:
- > Register you as a customer
  - > Assess and process insurance applications
  - > Administer insurance policies
  - > Comply with legal and regulatory obligations (e.g., KYC, AML)
  - > Communicate with you regarding your policy and services

### 3. Types of Data Collected

- > Personal identification details (e.g., name, ID number)
- > Contact information
- > Financial and employment details
- > Health and medical information (where applicable)

### 4. Data Sharing and Disclosure

- Your data may be shared with:
- > Regulatory authorities (e.g., NBFIRA, FIA)
  - > Reinsurers and service providers
  - > Medical professionals (for underwriting or claims)
  - > Other entities as required by law

### 5. Your Rights

- You have the right to:
- > Access your personal data
  - > Request correction or deletion
  - > Withdraw consent at any time
  - > Object to or restrict processing
  - > Request data portability

To exercise these rights, contact us at: **3910170**

## 6. Data Protection and Retention

We are committed to protecting your data in accordance with the Data Protection Act of Botswana. Your data will be stored securely and retained only as long as necessary for the purposes outlined above.

## 7. Client Consent

By signing this form, you confirm that:

- > You have read and understood the above information.
- > You consent to the collection, use, and sharing of your personal data as described.
- > You understand your rights under the Data Protection Act, including the right to access, correct, or request deletion of your data.

Client Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICIAL USE

Officer Name & Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_