



OLDMUTUAL

2021

EXERCISING YOUR DATA PROTECTION RIGHTS



INTERNATIONAL



Under POPIA and the GDPR, you as the Data Subject have various rights, which you may choose to exercise at any time. These rights include the right to request access to the personal information we hold on you, the right to have your personal information corrected or deleted, as well as the “right to be forgotten”. More information on what these rights entail and how they may be exercised is provided below.

1. The Right of Access

You have the right to request that we confirm, free of charge, whether or not we hold any of your personal information. Should we hold any of your personal information, you have the right to request the record or a description of the personal information we hold. This is commonly referred to as ‘subject access request’. You may make such a request verbally by contacting our OMI Service Team on +27 (0)21 509 2187. However, it is recommended that you make a request in writing by completing the **Subject Access Request Form** below and submitting the completed form to OMI General Enquires at ominternationalservice@omwealth.co.za. We have 30 days to respond to the request. For your protection, we may ask for identification confirming that it is you asking for the information. Where your request is denied, you will be informed writing.

2. The Right to Correction and Deletion

You have the right to question any information we have about you and to have inaccurate, incomplete or out of date personal information corrected, completed, or deleted. If you become aware that the personal information we hold requires rectification, you may contact our OMI Service Team on +27 (0)21 509 2187. However, it is recommended that you make a request for rectification in writing by completing **Form 2** below and submitting the completed form to OMI General Enquires at ominternationalservice@omwealth.co.za. We will respond to your request as soon as reasonably practicable. Should you request, we will also provide evidence in support of the information being corrected or deleted. For your protection, we may ask for identification confirming that it is you requesting the rectification. Where your request is denied, you will be informed writing.

3. The Right to Restrict Processing

You have the right to request the restriction or suppression of the personal information we hold on you. This is not an absolute right and only applies in certain circumstances. When processing is restricted, we are permitted to store your personal information, but not use it. Restriction may be requested where, for example, you have requested for your personal information to be corrected and time is required for us to verify the accuracy of the new information provided. You can also request a restriction where you are of the view that the personal information is no longer needed for the purpose for which it was collected and/or processed. You can make a request for restriction verbally by contacting our OMI Service Team on +27 (0)21 509 2187. However, it is recommended that you make a request for restriction in writing by completing the **Request For Restriction Form** below and submitting the completed form to OMI General Enquires at ominternationalservice@omwealth.co.za. We have 30 days to respond to the request.



4. The Right to Objection

You have the right to object to our use of your personal information in certain limited circumstances. However, in doing so this may stop us being able to provide you with your contract or disrupt our service levels to you. In order to lodge an objection to the processing of your personal information, you must make a request in writing by completing **Form 1** below and submitting the completed form to OMI General Enquires at ominternationalservice@omwealth.co.za. Once your objection is received, we will take steps to determine if your objection is justifiable. If the objection is valid, we will, within a reasonable time, cease processing your personal information and will provide proof to this effect. If the objection is not valid, we may refuse the objection and you will be informed in writing.

5. The Right to be Forgotten

You have the right to request to have personal information erased. This right to erasure is also known as “the right to be forgotten”. Should you wish to exercise this right, you must make a request for erasure in writing by completing **Form 2** below and submitting the completed form to OMI General Enquires at ominternationalservice@omwealth.co.za. We have 30 days to respond to the request. For your protection, we may ask for identification confirming that it is you asking for the erasure. This right is not absolute and does not apply in all certain circumstances. However, you may exercise this right where, for example, the personal information is no longer necessary for the purpose, which we originally collected or processed it, or where we are relying on consent as the lawful basis for holding the information in question, and you withdraw your consent. Where your request for erasure has been denied, you will be informed in writing.

MARKETING

We do not use your personal data to directly market our products to you.

HOW TO COMPLAIN

You can lodge a complaint about our processing of your personal data with our Data Protection Officer in writing or via e-mail (see contact details below). Alternatively, you can follow our How to Complain leaflet, which can be viewed here: [How to Complain](#). Should your complaint about our processing of your personal data not be resolved to your satisfaction, you also have the right to complain to the Information Regulator of South Africa via e-mail at complaints.IR@justice.gov.za.

If you are an Isle of Man policyholder, you can also send your complaint to the Isle of Man Information Commissioner Office using the details on this link: [How to make a complaint to the Information Commissioner](#)

If you are a Guernsey policyholder, you can also send your complaint to the Office of the Guernsey Data Protection Authority using the details on this link: [How to make a complaint to the Data Protection Authority](#)

CONTACT OUR DATA PROTECTION OFFICER

Contact our Data Protection Officer by writing to: Old Mutual Isle of Man is a Branch of Old Mutual Life Assurance Company (South Africa) Limited, 5A Village Walk, Onchan, Isle of Man IM3 4EB, British Isles.

Or via e-mail: enquiries@impactiom.com



REPUBLIC OF SOUTH AFRICA

FORM C
REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))
[Regulation 10]

A. Particulars of private body

The Head:

B. Particulars of person requesting access to the record

- (a) The particulars of the person who requests access to the record must be given below.
- (b) The address and/or fax number in the Republic to which the information is to be sent must be given.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:

[illegible]

Postal address:

Telephone number: (.....) Fax number: (.....)

E-mail address:

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

This section must be completed **ONLY** if a request for information is made on behalf of another person.

Full names and surname:

[illegible]

FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

D. Particulars of record

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
- (b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

1. Description of record or relevant part of the record:

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2. Reference number, if available:

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3. Any further particulars of record:

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E. Fees

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.

Disability: Mark the appropriate box with an X . NOTES: (a) Compliance with your request for access in the specified form may depend on the form in which the record is available. (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form. (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.	Form in which record is required:
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1. If the record is in written or printed form:					
	copy of record*		inspection of record		
2. If record consists of visual images - (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):					
	view the images		copy of the images*		transcription of the images*
3. If record consists of recorded words or information which can be reproduced in sound:					
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)		
4. If record is held on computer or in an electronic or machine-readable form:					
	printed copy of record*		printed copy of information derived from the record*		copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.	YES	NO
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G. Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

1. Indicate which right is to be exercised or protected:

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2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

.....

Signed at this day..... ofyear

.....
SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF REQUEST IS MADE

FORM 2

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 [Regulation 3]

Note:

1. Affidavits or other documentary evidence as applicable in support of the request may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

Mark the appropriate box with an "x".

Request for:

☐

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

☐

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
	Code ()
Contact number(s):	

Fax number/ E-mail address:	
C	INFORMATION TO BE CORRECTED/DELETED/ DESTRACTED/ DESTROYED
D	REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY ; and or REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN. <i>(Please provide detailed reasons for the request)</i>

Signed at this day of20.....

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Signature of data subject/ designated person



REQUEST FOR RESTRICTION FORM ESTABLISHED IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, NO. 4 OF 2013

Note: If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique Identifier/Identity Number	
Residential, postal or business address:	
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/Registered name of responsible party:	
Residential, postal or business address:	
Contact number(s):	
Fax number/E-mail address:	
C	REASONS FOR THE REQUEST FOR RESTRICTION (Please provide detailed reasons for the request)

Signed at _____ this _____ day of _____ 20 _____

Signature of data subject/designated person

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INTERNATIONAL

www.omi-int.com

Old Mutual Isle of Man, Branch of Old Mutual Life Assurance Company (South Africa) Limited, is registered in the Isle of Man under number 005664F and whose principal place of business is 5A Village Walk, Onchan, Isle of Man, IM3 4EA, British Isles.

Permitted to carry on long-term Insurance Business in and from the Isle of Man by the Isle of Man Financial Services Authority.

Old Mutual Life Assurance Company (South Africa) Limited, Registration Number 1999/004643/06. A licensed FSP and Life Insurer. Registered office: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, South Africa.

September 2021

FORM 1
OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF
SECTION 11(3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO.
4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018
[Regulation 2]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the objection may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number / E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number/ E-mail address:	
C	REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) (Please provide detailed reasons for the objection)

Signed at this day of20.....

.....
Signature of data subject/designated person

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OMI/DPR/092021



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