

Consent Form Protection of Personal Data Notice

To Be Signed By Individual Providing personal and sensitive personal Data

Background

In terms of the Data Protection Act, 2018, (hereinafter 'the Act') consent is required to enable Pula Medical Aid Fund ("Pulamed") and duly appointed and authorised service providers of Pulamed who for purposes of the Act serve as Pulamed's Data Processors to process your personal and sensitive personal data.

Data Retention

Your personal and sensitive personal data will be stored in accordance with the record retention requirements in terms of the laws of the Republic of Botswana.

Your Rights

- a) To request confirmation whether Pulamed has your personal or personal sensitive data;
- b) To receive information regarding your personal or personal sensitive data;
- to request access to, rectify, erase and restrict the processing of your personal data;
- d) to revoke this consent to use your personal and sensitive personal data; and
- e) to file a complaint with the Commissioner should you feel Pulamed or any of its authorised data processors have violated Data Protection Laws of Botswana.

My Personal and Sensitive Personal Data

I understand that my personal and sensitive personal data may be used for some the following purposes:

- a. medical aid administration services;
- b. managed care services;
- c. marketing and advertising material related to Pulamed's suite of offerings;
- d. processing and analytics to improve medical aid benefits (these may be done by an external service provider appointed by Pulamed who shall be obliged as a data processor to protect your privacy);
- e. anonymised processing of my personal and/or sensitive personal data for the purposes of creating reports for my employer;
- f. legal proceedings;
- g. internal and external audits of the Fund; and/or
- h. processing in relation to any activity connected to the administration of my membership.

I hereby consent to my personal and sensitive personal data being shared with third party software providers who collect, store and process my personal and sensitive personal data on behalf of and on the recognised authority of Pulamed and who are contractually obligated to keep my personal and sensitive personal data confidential subject to appropriate safeguards to prevent it from unauthorised disclosure, in accordance with data protection laws in Botswana. Pulamed and its Data Processors are hereby authorised to share my personal data and/or sensitive personal data with other third parties such as Pulamed's auditors and actuaries.

I understand that my personal or sensitive personal data may be transferred outside of the Republic of Botswana, in order to be processed by Pulamed's Data Processors.

I understand that Pulamed and its authorised Data Processors shall use my personal and/or sensitive personal data for the purposes described in this notice and that I can withdraw my consent.

| Consent Statement | | | |
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| Having read the above | ,1 | | |
| Personal Data and Pers | mber/ beneficiary, do hereby grant my free, voluntary, and unconditi sonal Sensitive Data as has been and may in future be collected by I lical aid administration and managed care services purposes. | | , , |
| I hereby grant the afore relating to my beneficia | ementioned consent to process my personal and/or sensitive persor aries. | nal data as well as th | e personal and/or sensitive personal data |
| Name of Individual providing consent: | | | |
| Address of Individual providing consent: | | | |
| Signature | | Date | |

