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FSP No: 36994
Accreditation No: ORG 3405
Vat No: 4750258420

Protection of Personal Information Act 4 of 2013 (“the POPIA”)

POPIA Consent

I, the undersigned _____, with identity number _____, being the main member of _____ Medical Scheme, membership number _____ do hereby authorise and permit:

XPert Health Consultants (FSP36994) and their appointed representatives as my financial advisor, to obtain personal and special personal information from the Scheme and do I authorise the Scheme to disclose to the financial advisor and / or intermediary house the following: - **Please mark.**

- Personal Information - i.e., membership no /ID no / address / telephone no / date of birth etc.
- Benefit Information - i.e., benefit queries, plan types, medical savings account balance/limits, benefit limits, waiting periods, and claim queries.
- Financial Information – i.e., banking details, Members portions, suspensions, contributions – no changes may be made on these by the 3rd party, tax certificates.
- Medical Information - i.e., details of chronic conditions, or any diagnosis, treatment plans, PMB guidelines excluding AfA related claims and benefits, claims history, procedure codes and hospital procedure codes.
- Scheme Documents – i.e., statements, confirmation of membership certificates, tax certificates.
- All of the above.

This disclosure will be effective from date hereof until _____20____ and it is my expressed will that the Scheme disclose the selected personal and special personal information to the financial advisor or intermediary house.

I further confirm the following:

Directors: Pierre Le Roux | Marius Le Roux (B-Proc)
Operations Manager: SE Legong
Consultant Strategic: R Barry (BA - BTH - MTH) (Cape Town)
Medical Consultants: K Wentzel | P Le Roux | M Le Roux | SE Legong
Associate Consultants: JWR Risk Services (R Barry) | Wentzel Consulting (K Wentzel) Cape Town
Assistants: JP Matamela | V Moeng | B De Jongh
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- The request is a true reflection of my wishes or requirements.
- Express permission in favour of the Scheme to make the selected information available to the financial advisor. I hereby reserve my rights to revoke consent / object to processing / update or correct the scope of the request at any time, if necessary.
- I am aware of the purpose that the information is being made available to the financial advisor and that the purpose of the disclosure has been explained to me and that I accept it.
- I absolve and indemnify the Scheme from liability for any loss or harm (whether direct or indirect) resulting from the disclosure of the selected information by the Scheme.
- I absolve and indemnify the Scheme and their officers, directors, staff and representatives from liability for any loss or harm (whether direct or indirect) resulting from the unauthorised or unlawful use or disclosure of the information by the nominated financial advisor or intermediary house.
- The consent will lapse on the member's death. In the case of a deceased estate, the letters of authority or letters of executorship must be submitted with this form.
- The Scheme will disclose the selected personal information with the nominated financial advisor.
- The member's consent can only be amended in writing.
- Members' consent confirming the agreement to his/her information being disclosed in this manner, acknowledging his or her POPIA rights.

XPert Health and their appointed representatives hereby makes the following undertakings:

- XPert Health and their appointed representatives undertake not to exploit the personal information so accessed for commercial purposes, or any other purpose which would be to the detriment of the medical scheme or members of the medical scheme.
- XPert Health and their representatives will protect and maintain the confidentiality of all personal and special personal information obtained from the Scheme in line with, but not limited to the POPIA, the Medical Schemes Act and other data protection laws.



Signature

Date: 18 February 2026