

Item 2.

Life Register

Enquiry sheet

The Deputy CEO
The Association for Savings & Investment SA
PO Box 23525
Claremont
7735

Fax: (021) 673 1630

Dear Sir / Madam

INFORMATION ON THE RECORDS OF ASISA

Kindly provide my family doctor with information about any entry relating to myself which might appear on ASISA's records.

I hereby supply you with the following information which you will require to establish that the information does in fact relate to me:

1. Surname:

2. First name:

3. Initials of other names:

4. Date of birth: (Day)(Month) (Year)

5. Current address:

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Fax and/or telephone number:

Email address:

6. Name and address, fax and telephone number of my family doctor:

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Signature :

Date :

Note: Should this enquiry be made on behalf of another person, please attach the written authorisation of such person.

