

### Declaration Letter

We require your consent relating to the information/ drawings shared below prior to proceeding with the advertised tender, that you agree to use the information provided solely for what its intended for.

1. I \_\_\_\_\_ with ID/Passport number: \_\_\_\_\_,  
consent to use the information/ drawings provided to me by IDT for the purposes of the advertised tender and will not be shared or distributed for other intentions as an authorized contact person in my capacity as

(Please select relevant option)

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Sole proprietor, | <input type="checkbox"/> Member,   | <input type="checkbox"/> Sole-proprietor, |
| <input type="checkbox"/> Only Director,   | <input type="checkbox"/> Director, | <input type="checkbox"/> Partner          |

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

Do you, any Companies you have an interest in, or anyone covered by this policy, have any administrative orders, liquidations, sequestrations, civil judgements, defaults, convictions or criminal cases to disclose?

YES  NO

I also consent that OUTsurance Insurance Company Limited may use my/our information received through various sources including external data sources to offer and manage products effectively across the OUTsurance Group as well as to improve service delivery.

YES  NO

1.1. It is imperative that you provide us with the names and identity numbers of all directors, members or partners within the business, in order for the relevant information to be confirmed and shared.

No.	Name and Surname:	ID Number:
1.		
2.		
3.		
4.		
5.		

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

2. Has anyone who will be covered under this policy or any business entity they are involved in, ever been informed of the following on a Short-term or Life-insurance policy: That the policy or insured risk was cancelled or any part of cover voided or invalidated or that renewal of insurance was refused or advised to arrange alternative insurance? Cancellation reasons include non-payment of premium, fraud, excessive claims, material misrepresentation, dishonesty, reasonable requests following a claim not met, informed that cover or part of the cover will be cancelled or endorsed, requirements or special conditions not met and cover or part of the cover declined or endorsed after a risk survey was done.

YES  NO

Reason for cancellation: \_\_\_\_\_

Date of cancellation: \_\_\_\_\_

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

Date: \_\_\_\_\_

