



Protection of Personal Information Act 4 of 2013

Device Register (Pty) Ltd | Reg: 2026/247894/07 | deviceregister.co.za | Version 1.1

IMPORTANT NOTICE: This form must be completed and signed by an authorised representative of the Insurer prior to or upon registration on the Device Register Platform. By signing this form, the Insurer acknowledges having read and understood the Device Register POPIA Information Document and agrees to the processing of their information as described therein.

SECTION A — INSURER DETAILS

Registered Company Name:	
Company Registration Number:	
Trading Name (if different):	
Physical Address:	
Province:	
Primary Contact Person:	
Designation / Role:	
Email Address:	
Contact Number:	

SECTION B — ACKNOWLEDGEMENTS

The undersigned, on behalf of the Insurer, hereby acknowledges and confirms the following:

B1	I have read and understood the Device Register POPIA Information Document and the Terms and Conditions of Service, Version 1.1.
B2	I understand that Device Register will collect and process the Insurer company and contact information solely for the purposes of providing the Platform services, fraud detection, subscription billing, and legal compliance.
B3	I understand that Device Register does NOT collect, store, or process any personal information of our clients or policyholders. Only policy numbers (as reference identifiers) and device technical identifiers are recorded.
B4	I confirm that our company is lawfully authorised to register devices on behalf of our policyholders for insurance fraud prevention purposes, and that our use of the Platform complies with all applicable laws including POPIA.

B5	I understand that device records registered on the Platform are retained permanently, even after account cancellation, for fraud prevention purposes in the public interest.
B6	I consent to receiving service-related communications from Device Register including invoices, renewal reminders, fraud alerts, and platform notifications at the email address provided.
B7	I acknowledge that our company remains the Responsible Party under POPIA in respect of our clients' personal information, and that our participation on the Platform does not transfer this responsibility to Device Register.
B8	I understand my rights under POPIA including the right to access, correct, or request deletion of our company personal information held by Device Register, contactable at accounts@deviceregister.co.za .
B9	I understand that where we optionally submit a client identity number on the Platform for fraud matching purposes, that number is immediately and irreversibly converted to a one-way SHA-256 cryptographic hash before transmission. Device Register never stores, transmits, or has access to the original identity number in any form. The hash cannot be reversed to recover the identity number.
B10	I consent to our company's participation in the Device Register Client Blacklist Registry. I understand that blacklist entries we submit will be visible to all active Subscribers on the Platform, and that we bear full responsibility for the accuracy and good faith of any blacklist entries we submit. I understand that Device Register may remove any entry found to be false or unsubstantiated.
B11	I confirm that I have been informed of and understand the lawful bases on which Device Register processes information, including contractual necessity, legitimate interest in fraud prevention, and legal obligation.

SECTION C — AUTHORISED SIGNATORY

By signing below, I confirm that I am duly authorised to sign this form on behalf of the Insurer and that all information provided is accurate and complete.

Full Name:

Date:

Designation:

Date:

Signature:

Company Stamp:

Return signed form to: accounts@deviceregister.co.za | Device Register (Pty) Ltd | Reg: 2026/247894/07
<https://deviceregister.co.za>

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