CUSTOMER DATA UPDATE

CONSENT - POPIA REQUIREMENT (Protection of Personal Information Act).

By providing the information required on this form you consent to The Company being in possession of such information. The Information Officer undertakes that all personal and confidential information will be processed lawfully and in a reasonable manner that does not infringe the privacy of you or your organisation as the data subject. The processing is necessary and complies with an obligation imposed by law on us, the responsible party and the processing protects the legitimate interest of you, the data subject.

COMPANY INFORMATION

COMPANY NAME

COMPANY REGISTRATION NUMBER

COMPANY VAT NUMBER

BBEE STATUS

PHYSICAL ADDRESS

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Postal / Zip Code

POSTAL ADDRESS

PO Box

City

Postal / Zip Code

CONTACT INFORMATION

FULL NAME OF CONTACT PERSON

First Name Last Name

CONTACT NUMBER OF CONTACT PERSON

Area Code Phone Number

EMAIL OF CONTACT PERSON

FULL NAME OF ACCOUNTS CONTACT PERSON

First Name Last Name

CONTACT NUMBER OF ACCOUNTS CONTACT NUMBER

Area Code Phone Number

EMAIL OF ACCOUNTS CONTACT PERSON

FORM COMPLETED BY:

First Name Last Name

Date

Month Day Year

SIGNATURE

Signature Options:

Option 1: Click the Digital Signature Box to enter your Digital Signature, or follow the prompts if you haven't already created one, once created please Enter your Digital Signature.

Option 2: Print out, manually sign and scan the document to return to sender.

Option 3: Tick the Box provided. In doing so you will be accepting that you have signed this document and accept its implications.

On Completion please return back to:

NICKY.L@OMV.CO.ZA