



AMENDMENT OF THE POLICY FORM

POLICY INFORMATION

Membership No: Date:

Name: Surname:

ID No: Scheme Name:

Current Premium: New Premium:

Physical Address:

Tel Number: () Cell Number:

I, ID Number

being the Principal Member on the Policy Number, do hereby request Tshipi – Noto Funeral Home to alter my policy contract according to the following details:

Instructions:

Declaration:

1. Declare to the best of my ability and belief that the particulars given above are true and correct.
2. I understand and acknowledge the terms and conditions with regarding to the amendment of my policy.
3. I fully understand that the premiums may be affected due to the amendment of the policy.

Thus signed and dated:

Signed at:on this dayof (month)20.....

Signature of Main Member: Full Name:

Signature of Agent: Full Name: Branch: