



CANCELLATION OF DEBIT ORDER

POLICY INFORMATION

Membership No: Date:
Name: Surname:
ID No: Scheme Name:
Physical Address:
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Tel Number: () Cell Number:

REASON FOR CANCELLATION:

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DECLARATION:

- 1. I 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 regarding to the cancellation of my policy.
- 3. I fully understand that the cancellation of policy shall be effected with immediate effect and should I need to re-instate the policy, the full waiting period shall be imposed.

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

Signature of Main Member: Full Name:

Signature of Agent: Full Name: Branch: