



CANCELLATION OF POLICY FORM

POLICY INFORMATION

Membership No: Date:

Name: Surname:

ID No: Scheme Name:

Physical Address:

.....

.....

Tel Number: () Cell Number:

REASON OF CANCELLATION

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 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.

Thus signed and dated:

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

Signature of Main Member: Full Name:

Signature of Agent: Full Name: Branch: