

DOWNGRADE FORM

Membership No: Date:

Full Names:

ID No:

Old Scheme Name: New Scheme Name:

Original Inception Date: New Inception Date:

Old Premium: New Premium:

Physical Address: Postal Address:

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Tel Number: () Cell Number:

Scheme	Individual	Family	Old Premium	New Premium	Old Inception	New Inception
Basic						
Prestige						
Executive						
Classic						
Elegance						
Exclusive						
Senior Citizen						
Masakhane						

Remarks.....

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

Signature of Main Member: Full Name:

Signature of Agent: Full Name: Branch: