



**STOP ORDER CANCELLATION
FUNERAL INSURANCE**

I, the undersigned:

- a) Full name and Surname: _____
- b) Occupation: _____
- c) Salary number: _____
- d) Department: _____
- e) Name of Institution: _____
- f) Pay point: _____
- g) Identity number: _____

POLICY INFORMATION

Membership No: _____

Name: _____ Surname: _____

ID No: _____ Code item: _____

Premium: _____ Description: _____

Reference: _____

Physical Address: _____

Tel Number: () _____ Cell Number: _____

I _____, ID: _____ being
the Principal Member/

Premium payer of Policy number: _____ do hereby request that you cancel the
Personal stop order deduction

Signed at: _____

Date: _____

Signature: _____