

Date: _____

Branch: _____

Policyholder/Client Information

Name: _____

Surname: _____

Identity Number: _____

Policy Number: _____

Reason for Cancellation (please tick the appropriate box):

<input type="checkbox"/>	Financial
<input type="checkbox"/>	Alternate Product
<input type="checkbox"/>	Poor Service
<input type="checkbox"/>	Product not Suitable
<input type="checkbox"/>	Incorrect Information Provided
<input type="checkbox"/>	No authority to Debit
<input type="checkbox"/>	Other (please specify)

Effective from
(Date that the Funeral Policy should be cancelled on):

y	y	y	y	m	m	d	d
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Declaration:

I make this request of my own choosing. I understand that I will not receive a refund of any premium whilst such premium is due. By electing to cancel, I accept that I forfeit all benefits. I understand and accept that any new application for funeral cover with any insurer may result in a higher premium, different exclusions, and the imposing of a full waiting period for natural death. I am comfortable with my decision to terminate this policy, and my signature hereunder confirms my consent for cancellation.

Signature

Policyholder

Signed on

y	y	y	y	m	m	d	d
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