

**POLICY CANCELATION FORM**

**Policy information**

Policy holder \_\_\_\_\_

ID/Passport Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Policy number 

E	L	S																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Number of people covered under policy \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

**Reasons for policy cancellation**

I, \_\_\_\_\_, confirm that I am requesting the cancellation of my policy (policy number) \_\_\_\_\_ effective from \_\_\_\_\_.

Reason for policy cancellation, please select one option.

- I can no longer afford my premium 

- I have moved to another service provider 

- I am unhappy with the service/product that I have been given 

- I do not need funeral cover anymore 

- Other 


If other, please state reason below  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I | Policy cancellation

---

---

---

Policyholder's signature

---

Date signed

**2|Policy cancellation**