

SECTION A: Policy Owner Details (Old policy holder)

Policy No:

I.D No:

Full Names: Title: Initials: Gender:

Surname:

Postal Address: Postal Code:

Tel (Work): Tel (Home): Cell:

Name of Representative:

Representative Code:

Cell:

SECTION B: Policy Owner Details (New policy holder)

Policy No:

I.D No:

Full Names: Title: Initials: Gender:

Surname:

Postal Address: Postal Code:

Tel (Work): Tel (Home): Cell:

Name of Representative:

Representative Code:

Cell:

SECTION C: New Beneficiary

Name and Surname:

ID:

Contact Number: Relationship to main member:

SECTION D: Reason for conversion of Policy

Policy Holder died:

Due to incapacity:

Other:

SECTION E: Declaration of policy holder

I declare that I am related to the previous policy holder, the information i have provided is complete and accurate. the policy is active at the time of taking it over, I understand the waiting period which applies. If i was part of the policy, my waiting period continues and if I was not covered on the policy, I am starting a new waiting period from the time i take over.

Signature:

Date: