

## MAIN MEMBER'S DETAILS

Policy Number:  ID:

Full Names:  Surname:

Postal Address:

Contact Number:  Email Address:

## PREMIUM PAYER DETAILS (if different from the main member)

Policy Number:  ID:

Full Names:  Surname:

Contact Number:

## BANK ACCOUNT DETAILS (where money will be paid to)

Bank Name:  Branch Code:

Account number:  Type of Account:

## REASON FOR REFUND

Signature of policy Holder:

Date:

## DOCUMENTS SUBMITTED - Tick the relevant box with ✓

- 1. Certified copy of ID (For smart ID, both sides must be copied).
- 2. Proof of Bank Account (stamped bank statement not older than 3 months) - Page 1 mandatory.
- 3. Certified copy of Death Certificate. (where applicable)
- 4. Cancellation letter or Amendment form signed by the client. (where applicable)
- 5. Certified copy of marriage certificate in the event of different surnames emanating from marriage. (where applicable)
- 6. Certified copy of divorce decree in the event of subsequent change(s) in any details of refunds claimant. (where applicable)
- 7. Proof of direct deposit. (where applicable)
- 8. Affidavit. (where applicable)

## FOR OFFICE USE ONLY

Name of the Agent:  Deduction Mode:

No. of Months to be Refunded:  Admin Name:

**NOTE: REFUNDS TAKE 7 - 14 WORKING DAYS TO BE PROCESSED**