

## RE-INSTATEMENT FORM

### MAIN MEMBER'S DETAILS

Policy Number:  ID:   
 Full Names:  Surname:   
 Contact Number:

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

Full Names:  Surname:   
 Contact Number:  ID:

### BANK ACCOUNT DETAILS

Bank Name:  Branch Code:   
 Account number:  Type of Account:   
 Deduction Date:  Premium Amount:

### DECLARATION

- Your policy may be reinstated by resuming premium payments within 3 months from your last premium payment.
- All arrear premiums MUST be paid to bring the policy up to date at reinstatement.
- No waiting period will be applicable at reinstatement if the initial waiting period was fully completed.
- A re-instatement will be actioned once all premiums have been received, failure to pay all missed premiums will not render the policy active. a POP (Proof of Payment) needs to be provided with this form.

Signature by Premium Payer:  Date:

### DOCUMENTS NEEDED

1. Signed stop order for persal / mandate or debit order

### FOR OFFICE USE ONLY

Last Premium paid date:  Previous Deduction Mode:   
 Name of the Representative:  Admin Name:   
 New Deduction Mode:  Date: