

## CANCELLATION REQUEST

### PERSONAL DETAILS

Policy Number:

ID:

Name of Policy Holder:

Surname:

Postal Address:

Contact Number:

Email Address:

### REASON FOR CANCELLING (please tick the box below)

☐

Affordability

☐

Main Member Died

☐

Extended Member Died

☐

Alleged Fraud ( Please submit affidavit, certified copy of identity document and bank statement/payslip)

Other

### DECLARATION

I, the undersigned, hereby acknowledge that I understand the content herein and certify that the above information is true and correct in every detail. I authorize Dignity Group to cancel my policy thus relieving the Company of any further liability hereunder, I accept that by signing this form.

Signature of policy Holder:

Date:

### DISCLAIMER

You can reverse your cancellation on an existing policy within 7 working days from receipt of cancellation

### FOR OFFICE USE ONLY

Deduction Date:

Deduction Mode:

Admin Name:

Submission Date: