

## MAIN MEMBER'S DETAILS

Policy Number:	<input type="text"/>	ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full Names:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address: <input type="text"/>			
Contact Number:	<input type="text"/>	Email Address:	<input type="text"/>

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

Policy Number:	<input type="text"/>	ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full Names:	<input type="text"/>	Surname:	<input type="text"/>
Contact Number:	<input type="text"/>		

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

Bank Name:	<input type="text"/>	Branch Code:	<input type="text"/>
Account number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Account:	<input type="text"/>

## REASON FOR REFUND- Tick the relevant box with ✓

- ☐ Policy deducted after cancellation  
☐ Unreduced premium  
☐ Policy double deducted  
☐ Policy deducted after a lapse

Other:

Signature of policy Holder:

Date:

## DISCLAIMER

Please note that this form does not guarantee the validity of a refund, the outcome of the enquiry will be communicated to you timeously.

## DOCUMENTS SUBMITTED - Tick the relevant box with ✓

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

## FOR OFFICE USE ONLY

Name of the Agent:	<input type="text"/>	Deduction Mode:	<input type="text"/>
No. of Months to be Refunded:	<input type="text"/>	Admin Name:	<input type="text"/>