

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: