



Policy Cancellation Request

Customer Details				
Mobile Phone	Telephone Number	Full Name		ID Number
PO Box	Postal Code	House Number	Street	City
Email Address				

* Required field

I would like to cancel the following policies:

Policy Number	Date of Cancellation	Comments

I would like to cancel the following appendices**:

Policy Details	Details of appendices for cancellation	Date of Cancellation

** Please complete only when the policyholder wishes to cancel certain appendices of the policy and not the entire policy.

I would like to cancel the following customer* policies:

Customer Name	Date of Cancellation

* Customers over the age of 18 must request an independent and separate cancellation.

Name	ID Number	Date	Signature