



CANCELLATION OF POLICY

Name & Surname:													
Policy Number/s:													
ID Number/s:													
Telephone Number (home):	()									
Cellphone Number:													
E-mail Address:													
Reason for Cancellation:													

Herewith the cancellation for my policy, from the 1st of _____ 20_____.

I am aware that no premium will be refunded.

Signature of Policy Holder: _____ Date: _____

Direkteur / Director: Johannes Vermooten (Voorsitter / Chairman) | Besturende Direkteur / Managing Director: Dion Knoesen |
Uitvoerende Direkteur / Executive Director: Elsabé M Basilio | Nie-uitvoerende Direkteur / Non-Executive Director: Joachim Vermooten |
Maatskappy Sekretaris / Company Secretary: Joaney Prinsloo