



FSP No: 45487
Po Box 31053, Moreskof, 9462

KANSELLASIE VERSOEK / CANCELLATION REQUEST

DATUM/DATE: _____

VERSEKERAAR/INSURER: _____

VERSEKERDE/INSURED: _____

KLIENT ID / CLIENT ID : _____

HIERMEE VERSOEK EK/ONS DAT DIE BOGENOEMDE VERSEKERINGS POLIS GEKANSELLEER WORD EFFEKTIEF:

I/WE REQUEST THAT THE ABOVE MENTIONED INSURANCE POLICY BE CANCELLED WITH EFFECT:

REDE VIR KANSELLASIE / REASON FOR CANCELLATION:

BY VOORBAAT DANKIE / WITH THANKS

INSURED SIGNATURE

Klerksdorp Branch – Head Office.

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