SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724

PHYSICAL ADDRESS: Midrand Business Park, Building 3,
563 Old Pretoria Main Road, Midrand, 1685
POSTAL ADDRESS: PO Box 1115,
Bromhof, 2154
TEL NO: 010 599 1163 | EMAIL: claims@sirago.co.za

Compliance Officer: Moonstone Compliance (Pty) Ltd
Financial Services Provider No: 4710

TERMINATION OF COVER FORM

PRINCIPAL INSURED DETAILS

Please complete this form in black ink and CAPITAL letters

Policy Number:

Name and Surname:

ID number / Passport: | Policy Number:

Date of birth: | Email Address:

Contact details: Home no.: | Work no.:

Fax no.: | Cell no.:

TERMINATION REASON

Financial Constraints: ☐ Claims Related Issue: ☐ Emigrating: ☐ Joining Another Provider: ☐ Retrenched: ☐

Other: (Provide more information)

I hereby instruct you to terminate cover under my policy. I understand that a 30 day notice period applies in terms of my policy contract.
I further confirm that I am the principal insured and as such, authorize the termination of my policy.

Signature of account holder: | Date: