SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710

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COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

Document no.
10 000

Please complete this form in black ink and CAPITAL letters

TERMINATION OF COVER FORM

PRINCIPAL INSURED DETAILS

First name(s) (in full):

Surname: Initials:

ID no.: Mr Mrs Miss Dr Other

Date of birth: D D / M M / Y Y Y Y

Contact details: Home no.: ( ) Work no.: ( )

Fax no.: ( ) Cell no.: ( )

Email address:

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: D D / M M / Y Y Y Y