

## REFUND FORM 2021

### POLICYHOLDER DETAILS

Please complete this form in black ink and CAPITAL letters

Policy Number:

Name and Surname:

ID number / Passport:  Mr  Mrs  Miss  Dr  Other

Date of birth:  Email Address:

Contact details: Home no.:  Work no.:

Fax no.:  Cell no.:

Postal address:

Code:

Residential address:

Code:

Signature of policyholder:  Date:

### BANK DETAILS

Name of account holder:

Account no.:

Bank:  Standard Bank  ABSA  FNB  Nedbank  Capitec  Other

Account type:  Cheque  Savings  Transmission  Other

Debit order day:  1st  5th  7th  15th  20th  25th  Last day of the month

Disclaimer: Please note that policyholders take full responsibility for bank details completed above. Credit card details will not be processed.

Signature of account holder  Date:

### OFFICE USE ONLY

Checked By:

Approved  Declined Refund:

Reason for refund:

Signature:  Date:

### NOTES / ADDITIONAL INFORMATION