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

PHYSICAL ADDRESS: Block B, Western Entrance,
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Lynnwood Ridge, 0081
POSTAL ADDRESS: PO Box 1115,
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TEL NO: 010 599 1163 | EMAIL: info@sirago.co.za

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

TERMINATION OF COVER FORM 2021

Is the person completing this form a ☐ Client ☐ Intermediary

POLICYHOLDER 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)

Termination Date:

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. Subject to one months calendar notice. Policies will only be cancelled on the last day of the month. I further confirm that I am the policyholder and as such, authorize the termination of my policy.

Signature of account holder: Date: