

## CANCELLATION FORM

Date: ..... / ..... / ..... CSR: .....

Full name Branch Code

Policy No.: ..... Plan Name: ..... Premium amount: MUR .....

DLP: ...../...../.....

Policy is assigned in favour of (as applicable): .....

Dear Sir/Madam

**A. I/we wish to inform you that I am / we are**

Applying for a cash surrender value  Applying for a reduced paid up  Cancelling my/our policy(ies)

**B. My/our preferred mode of payment will be:**

Bank transfer  Cheque

Policyholder (s) name ..... Policyholder (s) name .....

.....

Bank account No.: ..... Address: .....

Policyholder (s) Bank name: ..... Tel: (H) ..... (M)..... (O).....

Email address: .....

**Note : Cheque Fee MUR 50 to be deducted from payment**

**C. This is due for the following reasons:**

Financial Problems (Loss of Job, etc.)  Features/benefits in policy contract do not reflect explanation

Have been influenced, neighbours etc.  To be replaced by new policy.

Others (please specify) ..... If yes, Plan Name .....

..... New Premium MUR .....

Yours faithfully,

.....  
Name of Policyholder (1)

.....  
Name of Policyholder (2) (as applicable)

.....  
Signature of Policyholder (1)

.....  
Signature of Policyholder (2) (as applicable)

Date: ..... / ..... / .....

### FOR OFFICE USE ONLY

I....., certify that policyholder(s) has/have signed the Cancellation Form in my presence at .....on date.....

.....  
Signature of CSR

.....  
Designation

.....  
Insurance Salesperson

.....  
Code/Branch

.....  
Signature

**Verified & approved by:**

RSM/SSUM/SUM/Customer Service Manager: (Name).....

Conserve: Yes/No:..... Signature:.....

Remarks:.....