

# Cancellation of Policy



Policy Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

I hereby wish to cancel the above-mentioned policy with effect from the \_\_\_\_\_ due to the following reasons:

- Emigrating
- Unemployed
- No longer employed by employer
- Policy no longer affordable
- Claim Repudiated
- Dissatisfied with service
- Due to premium increase
- Taken up alternative cover. Please give details below:

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

- Other. Please give details below:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Policyholder: \_\_\_\_\_

Date: \_\_\_\_\_