

AMENDMENT FORM

Name of Plan _____



UNDERWRITTEN BY

Policy Nr

PAYER DETAILS

Name & Surname	
ID Number	
Address	
Contact Nr 1	
Contact Nr 2	
Email Address	

PAYMENT METHOD (Complete attached documents)

Premium	
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AGENT DETAILS

Name & Surname	
Contact Nr	

PLAN DETAILS

SINGLE PLAN WITH OR WITHOUT CHILDREN ☐

FAMILY PLAN (SPOUSE & CHILDREN) ☐

DETAILS OF LIVES TO BE ADDED

Name	Surname	Gender	ID/ passport Number	Relationship

DETAILS OF LIVES TO BE REMOVED

Name	Surname	Gender	ID/ passport Number	Relationship

UPDATING DETAILS OF ASSURED LIVES

Name	Surname	Gender	ID/ passport Number	Relationship

Signature or Thumbprint: Policyholder / Payer	Date	Name of Agent	Signature of Agent	Name of Supervisor/Manager	Signature of Supervisor/Manager