



Cancellation Form

POLICY CANCELLATION INSTRUCTION:

Policy Holder:

Policy Number:

Experience account balance:

I, (id number) , being the insured; or being the authorized representative of the insured; or being the authorized appointed agent/broker of the insured specified in the schedule to the above mentioned policy hereby requests the cancellation of said policy.

I accept the payment of the refund premium, equal to the balance on the experience account maintained, as full and final settlement of any and all claims against Corporate Guarantee under the policy cancelled.

Payment Details:

Payment Date:

Bank:

Branch:

Branch Code:

Account Name:

Account Number:

IN ORDER FOR US TO PROCESS YOUR CANCELLATION, PLEASE PRINT, SIGN AND FAX TO: +264 (61) 255213

(Signature)

(Date)

Notice: The refund premium paid on cancellation may be taxable in which case it must be included in the insured's current year taxable income.