

Botswana Life Insurance Limited



AMENDMENTS OF POLICIES

POLICY HOLDERS NAME:..... POLICY NO:.....

DETAILS OF AMENDMENTS: CLIENTS NO:.....

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A. NEW ADDRESS:

.....

B. BANK DETAILS: DO YOU BANK WITH BARCLAYS, STANDARD, FNB AND STANBIC.
(tick appropriate bank).

C. ADDITIONAL BENEFICIARIES

NAME	RELATIONSHIP	DATE OF BIRTH	% SHARE

D. ADDITIONAL FAMILY DEATH BENEFICIARIES

NAME	RELATIONSHIP	DATE OF BIRTH	% SHARE

N.B.

FFB COVER ONLY CHILDREN UNDER 21 YEARS OF AGE AND PARENT UNDER 75 YEARS OF AGE.

CLIENT SIGNATURE: DATE:.....

E. OFFICIAL USE ONLY

PROCESSED BY:.....

AGENT NAME: