

Botswana Life Insurance Limited



CANCELLATION / SURRENDER REQUEST FORM

POLICY OWNER : _____
POLICY NUMBER : _____
LIFE ASSURED : _____

I, the undersigned _____ fully understand that irrespective of the financial loss I may incur as a result of terminating my policy, I still insist that my policy/policies should be terminated with immediate effect.

SIGNED AT: _____ ON THIS _____ DAY OF _____ 20__

SIGNATURE OF LEGAL OWNER

TICK WHERE APPROPRIATE

YES

NO

I would like to collect the cheque.

Please post the cheque to the following address:-

TELEPHONE: _____ (w) _____ (h)

CHECKLIST (for official use only)

What are your reasons for terminating your policy/policies?	
Since you signed the proposal form have you ever been contacted by the agent/broker?	
Did you inform your agent/broker about your intention to terminate your policy/policies? <i>Client to give reasons.</i>	
Do you have contact details of your agent/broker?	
Any other comments?	

Policy Details

Status.	
Date of commencement	
Letter written by client	YES /NO
Request form/conservation letter/Medvest approval stamp	YES /NO
Identification document available	YES /NO
Policy document	YES /NO
(For BSO) copy of stop payment	YES /NO
Never received policy :affidavit signed	YES /NO
Lost policy, signed affidavit, receipt of payment	YES /NO

Name of staff member receiving documents-----

Signature-----Date-----