

# REPLACEMENT OF POLICY HOLDER

## SECTION A: Policy Owner Details (old policy Holder)

Policy No. :

ID:

Full Names:  Surname:

Title:  Initials:  Gender:

Postal Address:  Postal Code:

Tel (work): (  )  Tel (home): (  )  Cell:

Name of Representative :

Representative Code:

## SECTION B: Policy Owner Details (New policy Holder)

Policy No. :

ID:

Full Names:  Surname:

Title:  Initials:  Gender:

Postal Address:  Postal Code:

Tel (work): (  )  Tel (home): (  )  Cell:

Name of representative:

Representative Code:  Cell:

## SECTION C: Reason for replacement of Policy Holder

- Policy Holder died:
- Due to incapacity

Other :

## SECTION D: Declaration by Policyholder

I declare that I am related to the previous policy holder, the information I have provided is complete and accurate. The policy is active at the time of taking it over i understand the waiting period which applies. If i was part of the part of the policy, my waiting period continues and if I was not covered on the policy im starting a new waiting period from the time I take over.

Signature:

Date: