

APPLICATION FOR SURRENDER OF POLICY

I hereby apply for the cash surrender value of the below quoted policy. In consideration of the payment to be made to me of the cash surrender value, I herewith surrender the policy to the Company for cancellation of all insurance thereunder and hereby release and forever discharge the Company from all claims under said surrendered policy. The election to surrender the policy shall not be effective until this application and the policy (or suitable evidence of lost policy) are received by the Company at Head Office Gateway Park Block D, and when so received, the Company's liability under said policy, except for the amount of cash value, shall cease

MANDATORY DOCUMENTS TO BE SUBMITTED

- Application for surrender of policy form duly filled and signed by the Policyholder
- Copy of a cancelled Cheque/Bank Statement with pre-printed name and Account Number or M-pesa indemnity form
- Copy of Identity document
- Original Policy Document

REASON FOR SURRENDER

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POLICYHOLDER DETAILS

Policy Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Name of the policyholder: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

PAYMENT METHOD

EFT                       Mobile Money                       Cheque

ACCOUNT DETAILS

Account Holder's Name (As appearing in the bank records): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

M-pesa Number: \_\_\_\_\_

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting,

I am aware that I may be held liable for it.

I permit/authorize the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer, and disclosure between them and to the authorities in and/or outside Kenya of any confidential information for compliance with any law or regulation whether domestic or foreign.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location: \_\_\_\_\_

Signature: \_\_\_\_\_

