Sanlam

UNDERWRITTEN BY CENTRIQ INSURANCE

Sanlam Gap Cover Cancellation Request form

Important note

Once completed please submit cancellation form to sanlaminfo@kaelo.co.za

A. Member Details

Policy owner: _____ Policy Number: _____

ID Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Telephone: _____

Name of Insured: _____ ID Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Email Address: _____ Postal Address: _____

B. To be completed by the Policy Owner

I, (full names): _____ hereby wish to cancel my policy with effect from ☐☐☐☐☐☐☐☐

The reason for the cancellation is (please tick one of the options below):

- I cannot afford the cover ☐
- I have no need for the cover ☐
- I am moving my cover to another provider ☐
- I am unhappy with the service from my broker ☐
- I am unhappy with the service from Kaelo ☐

General notes or comments:

_____

_____

_____

_____

Full Name: _____ Signature: _____

Date: D D M M Y Y Y Y

POPIA Consent

☐ I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.
This Policy is not a substitute for Medical Scheme membership.

Kaelo Risk(Pty)Ltd is an authorised financial services provider (FSP 36391)
Insurance Products are underwritten by Centriq Insurance Company Limited ("Centriq")
a licensed non-life insurer and authorized Financial Services Provider (FSP 3417)

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