

**Sanlam Life Insurance Limited**  
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**CUSTOMER SERVICE DEPT.****BRANCH:** \_\_\_\_\_**> REQUEST DETAILS:**

DATE: \_\_\_\_\_

1. Policyholders Name: \_\_\_\_\_

2. Policy Number(s): \_\_\_\_\_ Type of Policy: \_\_\_\_\_

3. Telephone Number \_\_\_\_\_

4. Email Address: \_\_\_\_\_

**> CANCELLATION REASONS:**FINANCIAL: MISINFORMATION: OTHER: **FULL DETAILS OF CANCELLATION:**\_\_\_\_\_  
\_\_\_\_\_

DOCUMENTS RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

Policy Document (Schedule & Terms and Conditions booklet): ID/Passport Copy: Proof of Account Details: Policy statement: Other 

Please Specify for other document(s) received

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF CLIENT: \_\_\_\_\_

**> OFFICE USE ONLY**

POLICY CLAIM NUMBER: \_\_\_\_\_

AMOUNT PROCESSED: \_\_\_\_\_

REASON: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

**> CONSERVATION**

POLICY CLAIM NUMBER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF OFFICER: \_\_\_\_\_