

Sanlam Gap Cover Cancellation Request form

Important Note

Once completed please submit cancellation form to: **Gapinfo@centriq.co.za**

A. Policyholder Details

Name of Policyholder: Policy Number:

ID Number: Cellphone No.:

Email Address:

Postal Address:

Postal Code:

B. To be completed by the Policyholder

I, (full names): hereby wish to cancel cover under my policy. I understand that a 31 days notice period applies in terms of my Sanlam Gap cover policy contract. Subject to 1 month notice, policies will only be cancelled on the last calendar day of the month. I further confirm that I am the policyholder and as such authorise the cancellation of my Policy.

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 the Insurer
- I wish to cancel my Mediclinic extender benefit only

General notes or comments:

Full Name:

Signature:

Date:



POPIA Consent

Use of Personal Information Declaration

I consent to Centriq Insurance, 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.

AfroCentric Health ^(RF) (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.
Insurance Products are insured by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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