

Sanlam Life Insurance Limited
Sanlam House, Kenyatta Avenue
PO. Box 44041, Nairobi - 00100 Kenya

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E: customerservice@sanlam.co.ke
SMS 30182 www.sanlam.co.ke

> DETAILS:

DATE: _____

1. Policyholders Name: _____

2. Policy Number(s): _____ Type of Policy: _____

3. Mobile Number _____

4. Email Address: _____

> REQUEST DETAILSCorrection of Date of Birth Change of: Name Postal Address Frequency Telephone No. Premium Update Bankers/Payment Method Employment Details Beneficiary (Addition/Change) Deduction/Debit Date Other (Please Specify) **Change of Account Details** (For same bank different account number)

Bank Name: _____

Bank Branch: _____

Type of Account: _____

Account Number: _____

For Other Change not indicated above_____

Signature of Client: _____

Required Document/Information

ID Document (National ID/Passport/Birth Certificate)

Beneficiary Details (Name, Date of birth)

Direct Debit/Salary Deduction Form

OFFICE USE

Comments: _____

Handled By: _____ Date: _____