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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: _____