policy servicing form

(cash back/no claim bonus)



Underwritten by Channel Life Limited, Registration Number: 1969/012487/06, FSP Number: 19243 P.O. Box 1273, Parklands, 2121

Please attach the following information:

- ☐ Proof of Identity of the Policyholder (Copy of ID / Birth Certificate / Passport)
- ☐ Proof of banking details (Cancelled cheque/Copy of bank statement/salary advice), if proceeds are payable into an account other than the collection account.
- ☐ Thumb print declaration to be completed in the presence of Commissioner of Oaths (If applicable)

Please complete all details in full and fax to 0860 480 001
Remember to print clearly in CAPITAL LETTERS and avoid contact with the edge of the box.

		,
A. Policyholder I	Details	
Policy Number		Reference Number
Title and Initials		Date of Birth (yyyy/mm/dd)
Surname		
Full Names		
Identity Number		Contact No (
Cellphone No		Email Address
Postal Address		
Province		Postal Code
B. Policyholder's	bank details	-
Account Holder Name		
Bank Name and Branch		
Account Number		Branch Code
Account Type	☐ Current (Che	que) Account Savings/Transmission Account
C. Notes		
D. Declaration		
	-	I understand the content contained herein and certify that the above information is true and correct in
every detail and that Chan	inei Liie is nereby a	authorised to update and amend my personal details.
Signature/Thumbprint of	of policyholder	Date

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