



POLICY CANCELLATION FORM

Policy number(s) (if known):	
Policyholder full name:	
Date of Birth (DD / MM / YYYY):	
Policyholder full name: (If joint policy)	
Date of Birth (DD / MM / YYYY):	
Telephone number(s):	

We would like to cancel this policy with effect from:

We understand that we will no longer be covered by the benefits provided by this policy and will lose any guarantees.

Name:	Signature:	Date:
Name:	Signature:	Date:

It's important to include your signature as proof of your request because protecting our customers from potential fraud is something we take very seriously.

There are three possible ways to add your signature.

Option 1 – Got a printer?

Add your signature to your printed form(s). You can either scan or take a photo of your paperwork.

Option 2 – No printer?

Complete your form(s) online and scan or photo of a handwritten letter asking us to accept your form(s).

Please make sure your signature appears clearly on your handwritten letter.

Option 3 – Add an electronic signature to your form(s)

If you can add your signature to your form(s) using a digital pen on the screen, find the Adobe PDF Fill & Sign' feature to draw and add your signature.