

Contact us
Tel: 0860 372 030
Email: FuneralPlan@discovery.co.za
www.discovery.co.za

How to complete this form

- Please complete in black ink.
- Please print clearly.
- one letter per block.
- Please email the form to FuneralPlan@discovery.co.za once completed.

Notes

1. This form must be completed when requesting a change to contact details on an existing Discovery Life Funeral Plan.
2. The policy number and effective date of change must be completed.
3. We will not make any changes if the policy owner has not signed this form.

1. Policyholder details

Policy number

Policy owner name

Policy owner surname

Policy owner ID number

Effective date of new contact details

D

D

M

M

Y

Y

Y

Y

2. New contact details

Cellphone number

Alternative cellphone number

Email address

Residential address

Unit number

Street name

Suburb

City/Town

Province

Postal code

I understand that this change means that Discovery Life will contact me (from the effective date) using the new contact details.

Signature at (town or city)

Signature of policy owner

Date

D

D

M

M

Y

Y

Y

Y