



AMENDMENT FORM: CONTACT DETAILS



PRINCIPAL MEMBER NAME AND SURNAME: _____

PRINCIPAL MEMBER IDENTITY NUMBER: _____

PRINCIPAL MEMBER CELL NUMBER: _____

PRINCIPAL MEMBER EMAIL ADDRESS: _____

PRINCIPAL MEMBER POSTAL ADDRESS: _____

POLICY NUMBER:

692/693 - _____

694 - _____

PRINCIPAL MEMBER'S SIGNATURE: _____ DATE: _____

*The onus rests upon the Policyholder to inform the Financial Service Provider or the Administrator of any changes to the Policyholder's contact details (which include telephone number, email address and postal address) in order to allow the Financial Service Provider or the Administrator to effectively correspond with the Policyholder at all times.

ADMINISTRATOR DETAILS:

Phakama Administration Services
Greenhill Village Office Park, Candlewood Building, Ground Floor
C/O Nentabos & Botterklapper Street
Die Wilgers, Pretoria, 0184
Tel: (012) 348 8310 Fax: 086 514 1115
Email: info@phakama.co.za

PLEASE SEND COMPLETED AMENDMENT FORM TO: FAX 086 514 1115 or Email: info@phakama.co.za

