



SADTU POLICY CANCELLATION FORM



PRINCIPAL MEMBER NAME AND SURNAME: _____

PRINCIPAL MEMBER IDENTITY NUMBER: _____

PRINCIPAL MEMBER CELL NUMBER: _____

PRINCIPAL MEMBER EMAIL ADDRESS: _____

POLICIES TO BE CANCELLED:

692/693 - _____

694 - _____

REASON FOR CANCELLATION:

I the undersigned, do hereby give notice to Safrican Insurance Company Limited ("S african") of my intention to cancel the above policy with effect from (month) _____ 20____

I understand that:

- No claims shall be payable by Safrican for deaths occurring after the above date.
- A Claim Form must be submitted for death occurring before the action date, together with the relevant supporting documents, within 6 (six) months of the date of death. I understand that failure to do so within this period from date of death will result in the benefit being forfeited.
- All valid claims will be paid for deaths occurring before the above date provided that all premiums are received and paid to Safrican.

PRINCIPAL MEMBER'S SIGNATURE: _____

DATE: _____

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](tel:0123488310) Fax: 086 514 1115
Email: info@phakama.co.za



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

