

# CANCELLATION FORM

## A PRINCIPAL MEMBER DETAILS

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
ID/Passport No:	<input type="text"/>	Work Tel:	<input type="text"/>		
Policy No:	<input type="text" value="G A P"/>	Cell:	<input type="text"/>		
Email Address:	<input type="text"/>				

## B PLEASE INDICATE YOUR REASON FOR CANCELLATION

- Affordability
- Deceased (Please note that if the principal member is deceased, the spouse can still continue with the cover)☒
- Emigrate
- Join Opposition
- Join Company / Closed Scheme
- Join Spouse's Cover
- No Medical Scheme
- Retrenchment / Resigned
- Service/Benefits

Comments/Suggestions:

## C PRINCIPAL MEMBER SIGNATURE

I, the undersigned, hereby give notice to cancel my GapCover policy.

My last benefit date should be

(Cancellation notice period: One calendar month)

Date:

Signature of Principal Member: