

## CHANGE REQUEST FORM – Standard

<b>Name</b>	LAST NAME	FIRST NAME	MIDDLE NAME
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Marital Status</b>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
<b>Policy Number (s)</b>			
<b>Date of Birth</b>	(DD/MM/YYYY)	<b>Nationality</b>	<b>Status</b> <input type="checkbox"/> Citizen <input type="checkbox"/> Resident
<b>National Registration #</b>	<b>Passport Number</b>	<b>Driver's Licence Number</b>	
<b>Residence Address</b>			<b>Duration</b>
<b>Telephone contact</b>	HOME	BUSINESS	CELL
<b>Email contact</b>			
<b>Relationship to Insured</b>			
<b>Occupation</b>			
<b>Name of Employer</b>			
<b>Address of Employer</b>			
<b>Job Title</b>			

<b>NAME</b> <input type="checkbox"/>	<p>From _____ [last name] [first name] [middle name(s)]</p> <p>To _____ [last name] [first name] [middle name(s)]</p> <p>Reason for change of name      Marriage <input type="checkbox"/>      Divorce <input type="checkbox"/>             Deed Poll <input type="checkbox"/>      Incorrect Spelling <input type="checkbox"/></p> <p><small>Please submit Birth Certificate, Marriage Certificate, Decree Nisi or Deed Poll as evidence of name or change of name.</small></p>
<b>ADDRESS</b> <input type="checkbox"/>	<p>To _____</p> <p>_____</p> <p>_____</p> <p><small>Please submit Birth Certificate, Marriage Certificate, Decree Nisi or Deed Poll as evidence of name or change of name.</small></p>
<b>CONTACT INFO</b> <input type="checkbox"/>	<p>Home _____</p> <p>Cellular _____</p> <p>Work _____</p> <p>Email _____</p>

<b>CHANGE MODE OF PAYMENT</b> <input type="checkbox"/>	To Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Direct Pay <input type="checkbox"/> Banker's Order <input type="checkbox"/> Deduction Order <input type="checkbox"/> Annually <input type="checkbox"/>
<b>BANKING DETAILS</b> <input type="checkbox"/>	Name of Bank _____ Branch Location _____ Name of Account Holder _____ Type of Bank Account _____ <small>(savings, chequing, loans, shares, etc.)</small> Bank Account Number _____
<b>CHANGE FORM OF PAYMENT</b> <input type="checkbox"/>	With effect from the _____ day of _____ 20 _____ Name of salary deduction or Bank Source _____ Submit Authorisation _____ **New Premium \$ _____
<b>OWNERSHIP</b> <input type="checkbox"/>	Please change ownership from _____ To _____
Signed at _____ this _____ day of _____ 20 _____	
WITNESSED _____	SIGNED _____ <small>(Insured/ Applicant)</small>
	SIGNED _____ <small>(Owner/ Beneficiary)</small>
WITNESSED _____	SIGNED _____ <small>(Assignee)</small>

**DOCUMENT CHECKLIST**

**PROOF OF IDENTITY (2)**

National Identification Card

Passport

Driver's Licence

**PROOF OF ADDRESS (1)**

Water bill

Electricity bill

Landline telephone bill

Land tax bill

Bank or Credit Union statement

Letter of Notary Public confirming address if  
no utility bills or bank statements are  
available