

Date:

The Operations Manager
 Afri Life Insurance Ltd
 4 Labourdonnais Avenue,
 Quatre Bornes

Dear Sir,

Re: Change of Name on Life Policy:-

I would be grateful if you could amend my name on my Life policy with immediate effect:

From :-.....

To :-.....

Thanking you for your comprehension,

Kind Regards,

Name :-

Name :-

Telephone: -

Telephone: -

Signature :-

Signature :-.....

LIFE ASSURED

(If Joint)

OFFICE USE ONLY:	YES	NO
1. Copy Of ID Card	<input type="checkbox"/>	<input type="checkbox"/>
2. Birth Certificate (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>
3. Marriage Certificate (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4. Original Policy Document	<input type="checkbox"/>	<input type="checkbox"/>

Received By :.....

Date forwarded to Operations :.....