

Date:

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

Dear Sir,

Re: Change of Address on Life Policy:-

I would be grateful if you could amend my residential address 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. Utility Bill (not more than 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy Of ID	<input type="checkbox"/>	<input type="checkbox"/>
Note if Utility Bill not on the Life Assured's Name:		
(i). Either Certify Letter signed by the Owner of the Utility Bill	<input type="checkbox"/>	<input type="checkbox"/>
(ii). Or Rent Book/Birth Certificate/Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>

Received By :.....

Date forwarded to Operations :.....