

CANCELLATION REQUEST FORM

(To be completed by the policyholder)

Please note it is essential to complete this form to prevent necessary delays as a result of missing information.

The following must be included:

- a. Copy of identity document for the policyholder.
- b. Copy of identity document for the premium payer (if different).

Kindly return the completed form and the supporting document to mypolicy@hollard.co.za or call us at 0800 935 465 for assistance.

Please allow 10 to 14 working days from receipt of documentation for the cancellation to be completed.

Policyholder details

All Fields are Mandatory

If the policyholder is a company or trust, please ignore this section and complete applicable addendum.

Policy no.			
Tel. no.		Cell no.	
Email address			
Identity no.		Title	
Full name			
Residential address			
		Postal code	
Postal address			
		Postal code	
Employer			
Occupation			
Source of wealth			
Source of income			
Country of residence			

Premium Payer (if different to the Policyholder)

All Fields are Mandatory

If the premium payer is a company or trust, please ignore this section and complete applicable addendum.

Tel. no.		Cell no.	
Email address			
Identity no.		Title	
Full name			
Residential address			
		Postal code	
Postal address			
		Postal code	
Employer			
Occupation			
Source of wealth			
Source of income			
Country of residence			

Hollard Life Assurance Company Limited (Registration No. 1993/001405/06) a licensed Life Insurer and an authorised

Financial Services Provider FSP No. 17697

Hollard Specialist Life Limited (previously Regent Life Assurance Company Limited) (Reg No. 1994/001332/06) a licensed

Life Insurer and an authorised Financial Services Provider FSP No. 18146

To be completed by the policyholder

All Fields are Mandatory

I, _____	(full names)						
hereby wish to cancel my policy with the effect from	D	D	M	M	Y	Y	Y

The reason for the cancellation is (please tick one of the options below):	
Reason for cancellation	Tick if relevant
I cannot afford the cover e.g. premiums too expensive, financial hardship	☐
I no longer need the cover	☐
I want access to my savings	☐
I am unhappy with how my policy was sold to me	☐
I am unhappy with the service from my broker	☐
I am unhappy with the service from Hollard Life. Please tick relevant option below:	
I received poor customer service	☐
I am unhappy with a claim	☐
The policy is being replaced with another insurer. Please provide details below:	
Name of insurer	
Policy no.	
Reasons for the replacement	
Other reason for cancellation:	

Please take note of the following Hollard disclosures:

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request, we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signed at _____

Signed at _____

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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Policyholder name _____

Premium payer name _____

Signature _____

Signature _____