

Benevolent Exit Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

MEMBER DETAILS...

Full Name:

ID No Passport No:

Mobile No: Work Telephone:

Monthly Premiums:

Reasons for Exiting the Scheme:

TERMS OF EXITING BENEVOLENT SCHEME PRODUCT...

- That a member who wishes to exit from the scheme shall pay up the full annual premium of the financial year which happens end September of every Year.
- That a member who withdraws and stops contributing from the scheme all the contributions made earlier shall be forfeited.
- If a member exits from the scheme and has fully paid the premium for the period, the claim will be payable.

I hereby declare that I have read and understood terms and conditions for exiting the Benevolent Scheme Exit

Member Signature

Date

(Requirements for Exiting: Attach ID Copy)

FOR OFFICIAL USE ONLY

We herewith confirm and accept the approval of the exit.

Customer Service

Senior Customer Service Officer

Marketing & Brand Manager

Date

Date

Date