Request for Information - Mid-year Leavers

Policyholder Name:	
Policy Number:	

Note: **In case of loan cover, please specify the date of full repayment of the loan.*

LIST OF EMPLOYEES TO BE REMOVED FROM THE POLICY

The following table contains the list of employees leaving the scheme:

Name of the Employee		Emp ID	Member No.	Date of Birth (DD-MM-YYYY)	Date of leaving the company (DD-MM-YYYY)	Reason for leaving the scheme
Last Name	**First Name**					

We declare that the information provided with regard to these members is both true and accurate to the best of our knowledge. We confirm that the cover for these members is subject to the rules of this policy.

Signed for and on behalf of the Company/Group.

Signed by: _____ **Signature & Company Stamp**

Date:

PSRO082603081751
CANA