Request for Information - Mid-year leavers

Policyholder name:	
Policy Number:	

PSRF688702121621 CANA

LIST OF EMPLOYEES TO BE REMOVED FROM THE POLICY

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

Name of the Employee		Employee 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**						

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

We declare that the information provided with regard to these members is both true and accurate to the best of our knowledge.

Yours sincerely,

Signed for and on behalf of the Company/Group

Signed by: _____

Date: _____

_____
Signature and Company Stamp