

**SMARTCALL INSURANCE ADMINISTRATORS (PTY) LTD
CHANGE REQUEST FORM**

This is to change any information on an existing policy document already active. Pending policies that have never been paid can be cancelled and correctly re-captured on the system.

DISTRIBUTORS NAME: _____

Main Member Name and Surname: _____

**South Africa ID Number/
Passport/Refugee**

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Main Member Address: _____

Date of Birth								Contact number (preferably cell phone)								SIA POLICY NUMBER										
D	D	M	M	Y	Y	Y	Y																			

Please mark any CHANGES to the policy main member age / policy type or cover value below with an X (leave blank if there are no changes):

MAIN MEMBER AGE		POLICY TYPE		COVER VALUE (differs for children under 21)				
18 – 65 yrs	66 – 75 yrs	INDIVIDUAL	FAMILY	R 5 000	R 7 500	R 10 000	R 15 000	R 18 000

List CHANGES to Main Member Dependents (Spouse and Children)

Surname	Full Names	ID Number	Date of Birth	Notes
			DD/MM /YYYY	
			DD/MM /YYYY	
			DD/MM /YYYY	
			DD/MM /YYYY	

List CHANGES to Extended Family Members

Surname	Full Names	ID Number	Date of Birth	New Cover Value	Notes
			DD/MM /YYYY		
			DD/MM /YYYY		
			DD/MM /YYYY		
			DD/MM /YYYY		

List CHANGES to Beneficiary

Nominated Beneficiary Name	Identity Number	Contact Number	Relationship

I have read, understood and agree to be bound by Smartcall Insurance Administrators' Terms and Conditions. I agree that the policy cover value payout will be made to the beneficiary as completed above. I declare that the information given above is true and correct. Please ensure that you have read the Terms and Conditions before signing the change request. This change request will not be processed unless the main member on the policy has agreed to the change and signed the change request themselves. Changes cannot be made on behalf of the main member.

Main Member Signature

Date

Witness Signature

Date

ADDITIONAL COMMENTS: