



CANCELLATION REQUEST FORM

Please note that this form is to be completed and signed by the Main Member **ONLY**

Name and Surname of Main Member	
Main Member ID number	
Policy Number	
Date of cancellation	

CANCELLATION OF POLICY

Please cancel the above-mentioned policy with effective as from _____

Reason for cancellation:

Main Member Signature		Date	
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CEO: Paul Myeza

LionLife is an authorised financial services provider FSP 15283, and a licensed insurer licensed to conduct life insurance business.
For more information visit www.lionlife.co.za