REINSTATEMENT 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	
Please ***ENSURE*** that this form is accompanied by the receipt of the full arrear amount, and the method of payment should be indicated below	
Proof of Payment/Receipts Included: (Full Arrears to be paid before reinstatement)	YES/NO
Method of Payment after reinstatement:	(Debit order/Pay@)

REINSTATEMENT OF POLICY

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

Reason for Reinstatement:

Main Member Signature		**Date**	