Physical Address: Irene Link Precinct, 7 Impala Avenue
Centurion, 0157
Postal Address: PO Box 1115, Bromhof, 2154
Tel: 086 144 4462
Web Address: www.genric.co.za

GENRIC Insurance Company

TERMINATION OF COVER FORM

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Policy Number:

Name and Surname:

ID number \ Passport: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address:

Code:

Residential address:

Code:

TERMINATION REASON

Financial Constraints: ☐ Claims Related Issue: ☐

Emigrating: ☐ Joining Another Provider: ☐

Retrenched: ☐

Other: (Provide more information)

I hereby instruct you to terminate cover under my policy. I understand that a 30 day notice period applies in terms of my policy contract.
I further confirm that I am the principal insured and as such, authorize the termination of my policy.

Signature of account holder Date:

NOTES

This product is administered and underwritten by GENRIC Insurance Company Limited (FSP 43638), an Authorised Financial Services Provider and Licensed non-life Insurer. This is not a medical scheme, and the cover is not the same as that of a medical scheme. This Policy is not a substitute for a medical scheme membership. Premiums are subject to an annual review. Terms and Conditions apply.