

Sanlam Gap Cover Cancellation Request form

Important Note

Once completed please submit cancellation form to sanlaminfo@kaelo.co.za

A. Policyholder Details

Name of Policyholder: _____ Policy Number: _____

ID Number: Telephone: _____

Email Address: _____

Postal Address: _____

B. To be completed by the Policyholder

I, (full names): _____ hereby wish to cancel my policy with effect from

The reason for the cancellation is (please tick one of the options below):

- I cannot afford the cover
- I have no need for the cover
- I am moving my cover to another provider
- I am unhappy with the service from my broker
- I am unhappy with the service from Kaelo
- I wish to cancel my Mediclinic extender benefit only

General notes or comments:

Full Name:

Signature:

Date:

POPIA Consent

I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

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 Medical Scheme membership.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).
 Kaelo Risk (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.
 Insurance Products are insured by Centriq Insurance Company Limited ("Centriq")
 a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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