



**CANCELLATION OF INSURANCE APPLICATION FORM**

Account Number:																			
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Dear Sir/Madam,

This letter serves to confirm my \ our request to cancel my \ our insurance with MTN Service Provider. I/ We agree to abide by the cancellation clause. i.e. Insurance will only be cancelled 30 days after receipt of a written cancellation request.

My / Our particulars are as stated below:

Cellular Number:	0				-														
Account name:																			
Customer Name:																			

E-mail Address:	
Contact Numbers:	
Reason for cancellation:	

Please ensure that all information is filled in. Failure to do so could result in a delay in processing this request.

**DECLARATION**

- 1) I \ We confirm that MTN SERVICE PROVIDER cannot be held liable for any fault or damage in any way or form after cancellation of insurance nor shall MTN SERVICE PROVIDER be held liable for any fault or damage in any way or form once cancellation of insurance is in effect.
- 2) I \ We agree to abide by the cancellation clauses as outlined in the MTN SP / Guard Risk Insurance Policy.

Subscriber's Signature: .....

Date: .....

**PLEASE RETURN THIS APPLICATION TO OUR OFFICES VIA FAX ON 011 912 5122 (FAX)**

**MTN Service Provider is an Authorised Financial Service Provider**

*Directors PL Heinamann (Chairman) KW Pienaar (Managing Director)\* Z Bulbulia\* SL Botha, ZNA Cindi, RS Dabengwa,  
 R Gasant, IN Mkhize, CWN Molope, PF Nhleko, RD Nisbet, PD Norman, AJ Taylor  
 Company Secretary AM Sithole \* Executive*