



1st Floor
 Nictus Building
 140 Mandume Ndemufayo Avenue
 Southern Industrial Area
 Windhoek
 Namibia

Cancellation / Kansellasie

Date Received: _____

Policy Holder Name:

Customer Reference Number:

Email Confirmation to be sent to:

I, _____ (ID Number: _____)
 being the insured; or being the authorized representative of the insured; or being the
 authorized appointed agent / broker of the insured specified in the schedule to the
 abovementioned policy hereby requests the cancellation of the said policy.

I accept the payment of the refund premium, equal to the balance on the experience
 account maintained, as full and final settlement of any and all claims against
 Corporate Guarantee under the policy cancelled. On cancellation Corporate
 Guarantee is indemnified against all responsibility under the policy cancelled.

Payment Details:

Account Name	
Bank Name	
Branch Code	
Account Number	
Payment Date	

 Signature of Policy Holder

 Date

Notice: The refunded premium paid on cancellation may be taxable, in which case, it must be included in the insured's current year's taxable income.

Contact us at:
 083 - 331 3000
clientcare@corporateguarantee.com