



Converting Risk into Sustainable Wealth

FOR OFFICE USE ONLY	
BANK DETAIL CONFIRMATION	
CG Official :
Date :
Signature :

Nictus Building
140 Mandume Ndemufayo Avenue
Southern Industrial Area
Windhoek
Namibia

Cancellation / Kansellasië

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 3032
clientcare@corporateguarantee.com