

**POLICY AMENDMENT FORM****DETAILS:**

DATE:

1. Policyholders Name:

2. Policy Number(s):  Type of Policy:

3. Mobile Number:

4. Email Address:

**REQUEST DETAILS**

<input type="checkbox"/> Correction of Date of Birth	<input type="checkbox"/> Change of: Name	<input type="checkbox"/> Email/Postal Address
<input type="checkbox"/> Frequency	<input type="checkbox"/> Telephone No.	<input type="checkbox"/> Premium Update
<input type="checkbox"/> Bankers/Payment Method	<input type="checkbox"/> Employment Details	<input type="checkbox"/> Beneficiary (Addition/Change)
<input type="checkbox"/> Deduction/Debit Date	<input type="checkbox"/> Change of guardian	<input type="checkbox"/> Paid up status
<input type="checkbox"/> Re-dating	<input type="checkbox"/> Sum Assured/Premium Reduction	<input type="checkbox"/> Others (Please specify)

**Change of Account Details** (For same bank different account number)

Bank Name:

Bank Branch:

Type of Account:

Account Number:

**Please specify the change**  
  

Signature of Client:

**Required Document/Information**

ID Document (National ID/Passport/Birth Certificate)  
Beneficiary Details (Name, Date of birth)  
Direct Debit/Salary Deduction Form  
Data Protection Form

**Official Use**

Comments:

Handled By:  Date:

**Life Insurance • General Insurance • Investments**

Sanlam Allianz Life Insurance (Kenya) Ltd.  
SanlamAllianz Tower, off Waiyaki Way, Westlands.  
P.O. Box 44041-00100 Nairobi, Kenya

T +254 20 278 1000  
M +254 719 035 035  
E customerservice@ke.sanlamallianz.com  
w www.sanlamallianz.co.ke