

## 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

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