

SERVICE FORM

IMPORTANT: *Kindly complete this form indicating your specific service request.
Ensure you present this service card to the respective counter upon service.*

Date.....

Name of policy holder:.....

Policy Number..... ID Number.....

Bank Name.....Branch.....

Bank account number

Employment Staff Number.....Department Number.....

Mobile Number..... Email

Postal Address.....Postal code.....

Type of Enquiry (Tick as Appropriate)

- 1) I wish to apply for **a policy loan** against my policy (**WP & PAIC**). Please attach a copy of your ID.
- 2) I wish to apply for **a cash bonus withdrawal** against my policy (**FFP**) Please attach your ID copy.
- 3) I have not received my policy document.
- 4) I wish to report a road accident/assault which occurred on
- 5) I wish to report death which occurred on

Name, address & telephone number of claimant.....

- 6) Please issue me with a **premium/loan statement** (underline the applicable one).
- 7) Refund premiums erroneously deducted.
- 8) Other (Please specify)

Yours sincerely

Signature of policyholder / claimant

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