



## Total Surrender

General information	
Date (dd/mm/yyyy)	/ /
Policy number	
Policy holder	

Instructions	
<b>Dear Sirs, please transfer the amount to :</b>	
Bank Name	
Bank Address	
Account Holder	
Account Number	
IBAN-Number	
Swift Code	
<b>Please observe that the following documents must be enclosed to this form</b>	
<ul style="list-style-type: none"><li>• Insurance Policy (original) Or</li><li>• A lost Policy Declaration</li></ul>	

Signature	
Policy Holder1	
Date (dd/mm/yyyy)	/ /
Policy Holder (2)	
Date (dd/mm/yyyy)	/ /

