



## Withdrawal request

General information	
Dear Sirs, please withdraw from my insurance policy.	
Date (dd/mm/yyyy)	/ /
Policy number	
Policy holder	

Withdrawal instruction	
Currency	
Amount in figures	
Amount in words	
or	
Percentage of current value	

Transfer instruction	
Bank name	
Bank address	
Account holder	
Account holder address	
Account number	
IBAN number	
Swift / BIC code	

Signature	
Policy holder 1	
Policy holder (2)	