

## Sanlam Gap Cover Cancellation Request form

### Important Note

Once completed please submit cancellation form to: **SanlamGapInfo@sanlam.co.za**

### A. Policyholder Details

|                       |                      |                |                      |
|-----------------------|----------------------|----------------|----------------------|
| Name of Policyholder: | <input type="text"/> | Policy Number: | <input type="text"/> |
| ID Number:            | <input type="text"/> | Cellphone No.: | <input type="text"/> |
| Email Address:        | <input type="text"/> |                |                      |
| Postal Address:       | <input type="text"/> |                |                      |
|                       | <input type="text"/> | Postal Code:   | <input type="text"/> |

### B. To be completed by the Policyholder

I, (full names):  hereby wish to cancel cover under my policy. I understand that a 31 days notice period applies in terms of my Sanlam Gap cover policy contract. Subject to 1 month notice, policies will only be cancelled on the last calendar day of the month. I further confirm that I am the policyholder and as such authorise the cancellation of my Policy.

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

The reason for the cancellation is (please tick one of the options below):

- |  |                          |
|--|--------------------------|
| I cannot afford the cover                            | <input type="checkbox"/> |
| I have no need for the cover                         | <input type="checkbox"/> |
| I am moving my cover to another provider             | <input type="checkbox"/> |
| I am unhappy with the service from my broker         | <input type="checkbox"/> |
| I am unhappy with the service from Essential Medical | <input type="checkbox"/> |
| I wish to cancel my Mediclinic extender benefit only | <input type="checkbox"/> |

General notes or comments:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Full Name:

Signature:

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|



## POPIA Consent

### Use of Personal Information Declaration

☐ I consent to Centriq Insurance, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.  
This Policy is not a substitute for Medical Scheme membership.

Sanlam Gap is administered by Essential Medical (Pty) Ltd, an authorised financial services provider (FSP 42980).  
AfroCentric Health <sup>(RF)</sup> (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.  
Insurance Products are insured by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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