



POLICY CANCELLATION INSTRUCTION

POLICY HOLDER: _____

POLICY NUMBER: _____

EXPERIENCE ACCOUNT BALANCE: _____

I, _____ (ID number: _____) being the insured; or being the authorized representative of the insured; or being the authorized appointed agent/broker of the insured specified in the schedule to the above mentioned policy hereby requests the cancellation of the said policy.

I accept the payment of the refund premium, equal to the balance on the experience account maintained, as full and final settlement of any and all claims against Corporate Guarantee under the policy cancelled. On cancellation Corporate Guarantee is indemnified against all responsibility under the policy cancelled.

Payment details:

Payment date: _____

Bank: _____

Branch: _____

Branch code: _____

Account name: _____

Account number: _____

(Signature)

(Date)

Notice: The refund premium paid on cancellation may be taxable in which case it must be included in the insured's current year taxable income.

Direkteure / Directors:

F.R. van Staden

P.J. de W. Tromp (Voorsitter / Chairman)

N.C. Tromp

W.O. Fourie (Besturende Direkteur / Managing Director)

***Corporate Guarantee
and Insurance
Company of Namibia
Limited***

***P.O. Box 416
Windhoek
Namibia***

***No. 140 Mandume
Ndemufayo Avenue
Southern Industrial Area
Windhoek***

***Tel: +264 (61) 259525
Fax: +264 (61) 255213
Email: info@corporateguarantee.com***