



Request to Change Principal Insured

Administrators (Pty) Ltd

An authorised financial services provider – FSP: 26848

Call Centre: 010 021 0260

Fax: 086 683 1913

E-Mail: newbus2@curaadmin.net

Policy Number

Starting Date of
Change

1. New Principal Details:

Title

Initials

First Names as per
ID Document

ID Number

Date of Birth

Tel (H)

Tel (W)

Cell

Fax

E-mail Address

Postal Address

Code

2. Previous Principal Details:

Title

Initials

First Names as per
ID Document

ID Number

Date of Birth

Tel (H)

Tel (W)

Cell

Fax

E-mail Address

Postal Address

Code

3. Bank Details:

Account Holder's
Name

Bank Name

Branch Name

Account Number

Branch Code

Account Type

Current Account

Transmission
Account

Savings Account

Account Holder
Signature

Date

Signed at

on this

day of

20

New Principal
Insured Signature

Previous Principal
Insured Signature

No deductions will be allowed from a credit card account.

Please Attach:

A copy of the new Principal Insured and Premium Payer's ID documents;
Proof of bank details (Top section of bank statement / Cancelled cheque / Letter from bank)
Death certificate in case of the Principal Insured's death