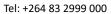
TERMINATION FORM



E-mail queries: clientservices@prosperitynam.com



"Please do not use tippex in the completion of this form - kindly initial where errors have been made and complete accordingly".

Section A - Policyholder Details																					
Private		Company																			
Policy Number																					
First Name & Surname		J.				1	· ·														
Cellphone Number	phone Number																				
Employee Number																					
Company Name																					
Effective Date of Termination	0	1	M	N	1 Y	Υ	Υ	Υ	Note	: One o	calendar month notice in advance required.										
Reason for Termination (Compulsory)																					
Resigned from Employer Join												ned spouse's medical aid fund									
Dismissed De											eceased (attach copy of death certificate)										
Retrenched											remiums not affordable*										
Retired										*Wer	*Were you offered an alternative option Yes No										
Benefits										Service											
Other (Please stipulate re									'												
															,						
Policyholder Signature																					
											Date	D	D	M	M	Υ	Υ	Υ	Υ		
*Please be advised that (due to	certa	in lega	al prov	isions w	e may	be req	uired t	o rema	in in po	ossession of p	person	al infor	matio	n as pr	escribe	ed by la	aw.			
Section B - Employer Warranty																					
Compulsory for Policyholders belonging to Group Scheme																					
Name of Company	nuers i	Jeion	ging t	o dio	up scrier	iie					Date	D	D	M	M	Υ	Υ	Υ	Υ		
Management Representation										Company Stamp											
Name																					
Designation																					
Signature of Company Representative																					
For office use only																					
Processed by																					
Signature											Date	D	D	M	M	Υ	Υ	Υ	Υ		

