Amendment Form

SOMELELE SA ADMINISTRATORS (PTY) LTD

REG. NO. 2019/541115/07 is an Authorised Juristic Representative under FSP No. 41507

WEBSITE: www.somelelesa.co.za
E-mail: clientservices@somelelesa.co.za
DATE:

PRODUCT:
IRM NO:

Policy Holder					
Surname		Full Names			
I.D Number		Date of Birth			
Country of Birth		Nationality		Citizenship	
Contact Details:					

ADD / REMOVE / CHANGE

Spouse	
Surname	Full Names
I.D Number	Date of Birth

Residential Address	Country of Residence		**Postal** Address	
	Postal Code		Postal Code	
Tel. Number		Work Tel. Number		Cell
E-mail:				

Up to 5 LEGAL DEPENDENT CHILDREN under age 22 years		
	Name and Surname	I.D Number
1		
2		
3		
4		
5		

Beneficiary Details			
Names and Surname			
I.D Number			
Cell Number		Relation	

NB!! Change/Add - dependants/spouse – copy of ID required.

MAIN MEMBER SIGNATURE: _____