POLICY AMENDMENT FORM

One form per policy Call Centre 0861 001 788 Email: claims@nhb.co.za



1. POLICYHOLDER DETAILS (PERSONAL DETAILS COMPLETED ON THIS FORM WILL BE USED TO UPDATE EXISTING DETAILS ON YOUR POLICY)																										
Name Surname																										
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Fax No								Ema	ail Add	lress																
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Policy Number								:	SADTU	JX				OTI	HER	8	(Co	ode					
2. SELECTION	2. SELECTION																									
Adding / remo	ving / updat	ing part	iculars	of Dep	enda	ants (Sec	tion A		Up	dating	parti	culars	of F	Plan s	elec	tion	and	d/or	chang	ge in	prem	nium	(Sect	ion C)		
Updating particulars of Nominated Beneficiary (Section B) Changing / updating payment method (Section D)																										
SECTION A. ADDING / REMOVING OR UPDATING PARTICULARS OF DEPENDANTS																										
Select the plan you wish to update: X SADTU Prosperity Funeral Plan X Immediate Dependants Funeral Plan X NHB Value Pla															Plan											
X Top Up for Immediate Dependants X Extended Dependants Funeral Options / Bundles / Plan																										
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RELATIONSHIP	RELATIONSHIP NAME & SURNAME ID NUMBER										<u> </u>	ADD				∕E EXPL		ED? SECTION C								
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RELATIONSHIP NAME & SURNAME CONTACT NUMBER ID NUMBE																										
SECTION C. UPDATING PARTICULARS OF PLAN SELECTION																										
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2. Using the rate car	rd, identify t																							J		
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