



PRUDENTIAL

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INDIVIDUAL LIFE GENERAL REQUEST FORM

1. Request type (please tick)

Maturity Encashment Refund Surrender HCP

2. Details of the Policyholder

- (i) Surname:
- (ii) First Names:
- (iii) Date of Birth:
- (iv) NRC or Passport No:
- (v) Employee Number:
- (vi) Email Address:
- (vii) Cell. No: (O) (H)

3. Policy Details

- (i) Policy Number:
- (ii) Sum Assured:
- (iii) Commencement Date:..... Maturity:.....
- (iv) Term:..... Years

4. Bank Details

- (i) Name of the bank:.....
- (ii) Account number:..... (ii) Confirm Account number:.....
- (iii) Branch:.....
- (iv) Amount Required (for Encashment):.....

5. Documents required

- 1. Original Policy Document (Cancellation, Surrender, Maturity)
- 2. Copy of NRC (All claim types)
- 3. Fully completed and signed claim form (All claim types)
- 4. Letter stating reason for claim (Cancellation, Surrender, Refund)
- 5. Proof of ACCT (ATM Card Copy or Account statement)
- 6. Discharge and Admission slips from hospital

6. Declaration

I, declare that the foregoing particulars are true in every respect. Please provide signature for any alteration.

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Signature

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Date