

GIRO cancellation form

For completion by applicant

1. Please fill in **ALL** fields in ink and in BLOCK letters.
2. Please send the original form to us. If you make any changes, the policyholder, assignee or bank account holder must sign next to them. Do not use correction fluid or tape.
3. This application will be rejected if any of the policy information provided below is incorrect.

Name of Policyholder/Insured/Assignee as per policy record		ID of Policyholder/Insured/Assignee as per policy record (Last 4 characters only)	
Policy Number For Investment-linked policies, please select Premium and/or Top Up		Bank Account Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
1.	<input type="checkbox"/> Premium <input type="checkbox"/> Top up	Telephone Number (Mobile): (Work) : (Home) :	
2.	<input type="checkbox"/> Premium <input type="checkbox"/> Top up		
3.	<input type="checkbox"/> Premium <input type="checkbox"/> Top up		
4.	<input type="checkbox"/> Premium <input type="checkbox"/> Top up		
5.	<input type="checkbox"/> Premium <input type="checkbox"/> Top up		

Please cancel the GIRO arrangement for deduction of premium for the above-mentioned policy

This section is to be completed by Policyholder/Insured/Assignee

Signature of Policyholder/Insured/Assignee	Date (dd/mm/yyyy)
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This section is to be completed by Bank Account Holder

Signature of Bank Account Holder	Name and NRIC number of Bank Account Holder	Date (dd/mm/yyyy)
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Notes:

1. If you have any existing policy loan repayment via GIRO, this arrangement will cease once the GIRO arrangement is cancelled.
2. Please allow sufficient lead time of 7 to 30 days for the request to be processed.
3. GIRO deduction from your existing bank account may still take place until the cancellation request is processed.
4. Policyholder is advised to maintain sufficient funds in the existing bank account for the premium deduction until the GIRO cancellation letter is received.

For finance use only

This application cannot be processed (please tick) for the following reason(s):

- No signature
- No policy number
- Policyholder details missing
- Others:

Application PROCESSED (Please tick)

Name and signature of staff

Date (dd/mm/yyyy)