



NICO Life Insurance Company Limited

P.O. Box 3044

Blantyre, Malawi

Tel: 01 822 699 Fax: 01 821 189

Email: nicolife@nico-life.com

Website: www.nico-life.com

From.....
.....
.....
.....

Date:.....

CEL.NOS. PHONE NOS.....

E-MAIL:

Dear Sir/Madam,

POLICY NUMBER.....

I would like to apply for/notify the following under the above/my policy:

- {a} Change of address
- {b} Change of mode of payment
- {c} Loan
- {d} Surrender
- {e} Cancellation/withdrawal
- {f} Appointment of fresh Beneficiaries
- {g} Revival of my policy
- {h} Death of policyholder
- {i} Premium Increase
- {j} Refund of excess loan repayment
- {k} Refund of old premium after premium Increase
- {l} Refund of premiums
 - 1. deducted after surrender
 - 2. deducted after maturity
 - 3. deducted after cancellation/withdrawal

ACCOUNT DETAILS

Name.....

Acc Number.....

Bank.....

I Submit with this application the following documents

.....
.....

Yours faithfully

.....

Signature

Disclaimer: NICO Life will not be liable for incorrect account details entered on this form.