CLIENT DATA UPDATE FORM

Client Name: _____

ID number: _____   **Policy number:** _____

Mark with "X"						
Package		Banking Details		Deduction date		Reinstatement	

Package			Contact details	
INDIVIDUAL			Contact number :	
FAMILY			Email address:	

Banking Details

Bank Name:			
Account number:			
Type of account:		Cheque		Savings
Branch Name:			

Deduction Date

Date for premium deductions:	

Reinstatement

Reinstatement Date	

Notes: _____

_____

_____

Signature : _____   **Date:** _____