

# GapCover® CANCELLATION FORM



Email: [admin@gaprisk.co.za](mailto:admin@gaprisk.co.za) / Fax: 087 018 0006

## A POLICY HOLDER DETAILS

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_  
ID/Passport Number: \_\_\_\_\_ Telephone (W): \_\_\_\_\_  
Policy No: \_\_\_\_\_ Cell No: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## B PLEASE INDICATE YOUR REASON FOR CANCELLATION

Affordability

Deceased (Please note that if the principal member is deceased, the spouse can still continue with the cover)

Emigrate

Join Opposition

Join Company / Closed Scheme

Join Spouse's Cover

No Medical Scheme

Retrenchment / Resigned

Service/Benefits

Comments/Suggestions:

## C POLICY HOLDER SIGNATURE

I, the undersigned, hereby give notice to cancel my GapCover® policy.

My last benefit date should be D D - M M - Y Y Y Y

*(Cancellation notice period: One calendar month)*

Please Note: In line with the Short Term Insurance Act as well as the Protection of Personal Information Act (POPIA), all personal information, policy- and claims documents will be kept for a 5 year period after the cancellation date of the policy. All information and documents related to your policy will be destroyed as soon as this period has expired. Additional detail regarding the use of personal information is set out in our Privacy Policy that can be viewed on our website [www.gaprisk.co.za/privacy-policy/](http://www.gaprisk.co.za/privacy-policy/) or [www.gapcover.co.za/privacy-policy/](http://www.gapcover.co.za/privacy-policy/).

Date: D D - M M - Y Y Y Y Signature of Policy holder: \_\_\_\_\_

**0878 200 627**  
[info@gapcover.co.za](mailto:info@gapcover.co.za)  
[www.gapcover.co.za](http://www.gapcover.co.za)

GapCover® is underwritten by Western National Insurance Company Ltd, Reg. No: 2005/017349/06  
FAIS: Western is a Juristic Representative under (FSP 9465)  
Administered by, GapRisk Administrators (Pty) Ltd Reg. No.2021/500446/07, an authorized financial services provider (FSP: 51758)