

**Regent Life Assurance Company Limited. Individual Life Department**

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LIFE

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**ILR012 – APPLICATION TO AMEND A POLICY**

FSP action request number

			ILR012 - B
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**1. CLIENT INFORMATION**

Full names \_\_\_\_\_

ID no. \_\_\_\_\_

Contact no. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

**2. AMMENDMENT INFORMATION**

Policy no. \_\_\_\_\_

Reference of IEMAS no. \_\_\_\_\_

I, the Main Life Insured or Owner, wish to ammend my policy as follows:

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Main Life Insured or Owner

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Broker's name

\_\_\_\_\_  
Broker's code

**Should the alteration involve a refund, then the client must supply his or her bank details and sign as to the correctness of the information.**

WHITE - REGENT COPY

GREEN - CLIENT COPY

YELLOW - BROKER COPY