75 Helen Joseph Street, Johannesburg, 2001
PO Box 1120, Johannesburg, 2000
service@iwyzegap.co.za

CANCELLATION REQUEST FORM
GAP COVER

POLICY DETAILS

Name of Policyholder: ____________ Policy No: ____________

ID No: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Tel No: ____________

Name of Insured: ____________ Cell No: ____________

ID No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Email: ____________

Postal Address: ____________

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TO BE COMPLETED BY THE POLICYHOLDER

I, (full name) ____________

hereby wish to cancel my policy with the effect from Y Y Y Y M M D D

The reason for the cancellation is (please tick one of the options below):

1. I cannot afford the cover. ☐
2. I have no need for the cover. ☐
3. I am moving my cover to another provider. ☐
4. I am unhappy with the service from iWYZE. ☐

General notes or comments: ____________

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Full Name: ____________ Signature: ____________

Date: Y Y Y Y M M D D

0860 93 94 93 **www.iwyze.co.za**

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iWYZE Gap Cover is administered by Xelus (Pty) Limited, an authorised Financial Services Provider (FSP 36931).