



CANCELLATION REQUEST FORM

Policyholder Name: _____

Insured Name: _____

Policy Number: _____

To: Individual Medical Team

Please cancel my Individual medical policy as of (DD/MM/YY).

This letter is to confirm that I _____ will be liable for any claims that might occur from time of cancellation date / date of submitting the card.

Reason for my cancellation:

I am requesting you to receive my refund by:

_____ Cheque Bank Transfer

Beneficiary name:

IBN Number

SWIFT Code:

Bank Name

Branch

DECLARATION: I agree that the above signature indicate irrevocable cancellation of each selected item.

Sponsor / Insured name:

Email address:

Contact Number:

Signature (same as signature on the back side of EID)

Date :



List of Documents required to be submitted:

- Filled and signed Cancellation form.
- Original Payment receipt
- Passport with visa copy of insured and sponsor.
- Emirates ID of insured and sponsor.
- Residence cancellation copy (if applicable)
- Proof of new insurance coverage in case of changing Insurance company
- Trade license copy (if sponsorship is under company)

Important Notification

Cancellation process will start once all requested documents are submitted. TAT will be 10-15 days.

Please note that BASMAH Fees are non-refundable.

Substandard risk priced will not be refunded

Signature (same as signature on the backside of EID)