



**SIC LIFE COMPANY LIMITED**  
**P.O. BOX CT-3242,**  
**CANTONMENTS - ACCRA.**

REQUEST FOR CHANGE

**Date:** . . . . .

**I,** . . . . ., with **Policy No.** . . . . .  
**EMPLOYER** .....**STAFF ID**.....  
**PHONE NO**.....**AGENT'S NO**.....

desire to make the following changes on my policy:

**ADDRESS:**                      From: \_\_\_\_\_  
                                              To: \_\_\_\_\_

**FACE AMOUNT:**                From: **GH¢** \_\_\_\_\_  
                                              To: **GH¢** \_\_\_\_\_

**PREMIUM:**                      From: **GH¢** \_\_\_\_\_  
                                              To: **GH¢** \_\_\_\_\_

**PLAN:**                              From: \_\_\_\_\_  
                                              To: \_\_\_\_\_

**NAME:**                            From: \_\_\_\_\_  
                                              To: \_\_\_\_\_

**SIGNATURE:**                    From: \_\_\_\_\_  
                                              To: \_\_\_\_\_

**SIGNATURE OF POLICYHOLDER:** . . . . .

**REMARKS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_