

## 24 HOUR MOBILITY CHANGE OF CELLULAR DETAILS FORM

### POLICY HOLDER EXISTING DETAILS:

POLICY HOLDER NAME	
POLICY NO	
IDENTITY NO	
POLICY HOLDER CONTACT NO	
POLICY HOLDER E-MAIL ADDRESS	
USER EMAIL ADDRESS	
CURRENT IMEI NUMBER	
CURRENT USER NAME & SURNAME	
CURRENT USER ID NUMBER	

CHANGE OF USER: NAME & SURNAME	
CHANGE OF USER ID NUMBER	
CHANGE OF INSURED NUMBER 1	
CHANGE OF INSURED NUMBER 2	
CHANGE OF POSTAL ADDRESS	
	POSTAL CODE
CHANGE OF IMEI NUMBER	
MAKE AND MODEL	
HAS YOUR DEVICE BEEN	<input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> NONE
REASON FOR CHANGE OF DEVICE	<input type="checkbox"/> UPGRADE <input type="checkbox"/> OBF <input type="checkbox"/> WARRANTY <input type="checkbox"/> CLAIM REPLACEMENT

If a change of handset (IMEI number) either a proof of purchase or proof of upgrade form must be submitted with this change of details form

CHANGE OF CELLULAR INDEMNITY LIMIT:  ALL RISK    LIQUID & ACCIDENT    REPAIR ONLY

OUR CONTACT CENTRE WILL CALL YOU TO VERIFY THE NEW PREMIUM

MAKE	Limit of Indemnity	Optional SIM Cover	Total value of device
	R0 to R1000	R3.03	
	R1001-R2000	R3.03	
	R2001-R3000	R3.03	
	R3001-R4000	R3.03	
	R4001-R5000	R3.03	
	R5001-R6000	R3.03	
	R6001+Additional		

### CHANGE OF BANKING DETAILS

BANK	
BRANCH	
BRANCH CODE	
ACCOUNT NO	
ACCOUNT HOLDER	
TYPE OF ACCOUNT	
	CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/>
	PLEASE DEBIT MY ACCOUNT ON THE FOLLOWING DATE EVERY MONTH
	WHAT IS MY PAY DATE

### Debit Date Options: Any debit date can be selected

I hereby authorise Guardrisk Insurance Company Ltd or their appointed nominee to make the above changes and to debit my bank account with the monthly premium on the above working day of each month.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Once the details have been amended, an updated policy schedule and copy of your policy wording will be emailed as confirmation