



An individual who assists an applicant to complete this liquidation form for insurance shall be deemed to have done so as an agent of the applicant

LIQUIDATION

SECTION 1: CUSTOMER DETAILS

FULL NAME OF PROPOSER

LAST NAME	FIRST NAME	OTHERS
-----------	------------	--------

CONTACT ADDRESS

TELEPHONE NUMBER(S)

EMAIL

POLICY NUMBER

POLICY TYPE

AFFIX
PASSPORT
PHOTO
HERE

REQUEST TYPE

PART LIQUIDATION <input type="checkbox"/>	CONVERSION <input type="checkbox"/>	TERMINATION <input type="checkbox"/>	MATURITY <input type="checkbox"/>
---	-------------------------------------	--------------------------------------	-----------------------------------

AMOUNT REQUESTED

FIGURES: ₦ <input type="text"/>	WORDS: <input type="text"/>
---------------------------------	-----------------------------

SECTION 2: ACCOUNT DETAILS

* Please select one of the options detailed below and provide account details for credit.

* For Termination requests, it is compulsory to tick "Cancel my Direct Debit" if a mandate is in force on your account.

Please take this as my authority to : (tick the box appropriately)

DETAILS	<input type="checkbox"/> CREDIT MY GTBANK	<input type="checkbox"/> CREDIT NON- GTBANK	<input type="checkbox"/> CANCEL MY DIRECT DEBIT
		Bank Name: <input type="text"/>	Amount Debited: <input type="text"/>
ACCOUNT NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
BVN	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: DATA UPDATE (Kindly tick and fill any of the following details that has changed)

NEW NAME:

*Note: If your name has changed from policy name used to incept policy, kindly indicate your new name above and attach evidence of name change.

NEW TITLE: MR. MRS. MS. DR. OTHERS MARITAL STATUS:

NEW TELEPHONE NUMBER: NEW EMAIL:

NEW ADDRESS:

NEW BENEFICIARIES:

*Kindly provide a copy of your ID (International Passport, Driver's License, National ID Card or Permanent Voters Card) and attach a passport photograph.

SECTION 4: AUTHORIZATION

CUSTOMER SIGNATURE: DATE: TIME:

(Compulsory)

FOR OFFICIAL USE ONLY

AXA MANSARD ACCOUNT OFFICER	<input type="text"/>	<input type="text"/>
	Name	Signature
TELEPHONE NUMBER:	<input type="text"/>	APPROVED AMOUNT: <input type="text"/>
LIQUIDATION UNIT:	<input type="text"/>	INTERNAL CONTROL: <input type="text"/>