



BRITCAY

LifeChoices

CHANGE OF  
CONTACT DETAILS

Policy Number \_\_\_\_\_

Policy Owner(s) \_\_\_\_\_

SECTION 1 UPDATED INFORMATION

☐ New postal address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ New residential address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ New telephone number

\_\_\_\_\_

☐ New mobile number

\_\_\_\_\_

☐ New email address

\_\_\_\_\_

SECTION 2 AUTHORISATION

Please note the new address and/or contact details above and amend your records accordingly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If a joint Policy is named above, please provide all signatures.

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