



ATLANTIC
MEDICAL

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.

ATLANTIC MEDICAL INSURANCE LTD.
Atlantic House, 2nd Terrace & Collins Avenue, Nassau
P.O. Box SS-6246, Nassau, Bahamas
tel. (242) 502 7526 fax. (242) 502 7501 www.cgigroup.bm