

Occidental Insurance Company Limited

Authorisation For Bypass Of Cancellation

Signature

Requested By:

Date of request:

Date of request.	requested by	•	oignataro
Policy Number	Policy Code	Endorsement No	Endorsement Code
Authorized By:		Or:	
		_	OFFO / P. J. 1 O CC
	COO		CEO / Principal Officer
T Authorized Closure Date Effected			
T Authorized Closure Date Effected			