



# Clientèle

## INVESTMENTS

### CHANGE OF CLIENT DETAILS

#### Contract Details

Policy Number	<input type="text"/>	Postal address	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	Suburb	<input type="text"/>
Contact number	Work <input type="text"/>	City/Town	<input type="text"/>
	Home <input type="text"/>	Postal Code	<input type="text"/>
	Cell <input type="text"/>	ID number	<input type="text"/>
	Fax <input type="text"/>	Email	<input type="text"/>

I, *(insert full name)*

hereby request the following change(s) on my policy:

Bank details       Beneficiary       Address       Contact Details       Other

*If other, please specify*

Please change my details to:

Please note for Beneficiary changes requirements are as follows:

First name(s)	<input type="text"/>	First name(s)	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
ID number	<input type="text"/>	ID number	<input type="text"/>
Relationship	<input type="text"/> % <input type="text"/>	Relationship	<input type="text"/> % <input type="text"/>

Signature \_\_\_\_\_

Date: 

Y	Y	Y	Y	M	M	D	D
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Please send this form and required documentation to:

Fax: 011 783 0115

email: [investments@clientele.co.za](mailto:investments@clientele.co.za)