



OASIS CRESCENT ENDOWMENT POLICY

CHANGE OF BENEFICIARY

Company Reg. No. 2010/005698/06

1. The Terms and Conditions (Policy Document) that apply to this product, must be read in conjunction with this form and is available on www.oasiscrescent.com.
2. Kindly complete all fields in the form, using BLOCK CAPITALS.
3. This completed form, and any supporting documentation, should be submitted to Oasis as per the contact details above.
4. We will process this application once all duly completed documentation.

Policy Number

Date:

POLICYHOLDER DETAILS

Title: Initials:

Full name of Account Holder:

Residential Address:

Postal Code:

Telephone Number: Cell phone:

Fax: Email:

BENEFICIARY NOMINATION

(If you have more than two beneficiaries, please complete additional beneficiary nomination forms and attach them to this application:)

BENEFICIARY 1:

Title First Name(s):

Surname:

Date of Birth: Gender: ID No/ Passport No:

Relationship to policyholder: % of benefit:

Postal Address:

Postal code:

Telephone Number: Cell phone:

Fax: Email:

BENEFICIARY 2:

Title First Name(s):

Surname:

Date of Birth: Gender: ID No/ Passport No:

Relationship to policyholder: % of benefit:

Postal Address:

Postal code:

Telephone Number: Cell phone:

Fax: Email:

