



To whom it may concern

Plume Street 02 / Plume Street 02

Posbus / Po Box 667

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RegNo:2015/186495/07

POLICY TRANSFER REQUEST FORM

FUNERAL POLICY REPLACEMENT / TRANSFER AUTHORISATION

POLICYHOLDER DETAILS

Full Name & Surname: ELIZABETH GANIE

ID Number: 510720 0127 08 7

Date of Birth: 20. 07. 1957.

Contact Number: 078 259 077 9.

Residential Address:

28865 CHARLIE HUGO STRAAT.

LAWAANKAMP

GEORGE

CURRENT POLICY DETAILS

Current Funeral Service Provider / Insurer:

ALPHA FUNERALS

Current Policy Number: 2327115SPN (ALFS123)

Monthly Premium: R 2140.00

Main Member Covered: ☒ Yes ☐ No

Dependants Covered: ☐ Yes ☒ No

If yes, number of dependants: _____

NEW SERVICE PROVIDER DETAILS

New Funeral Service Provider:

Strydom Funeral Home

Strydom Funeral Home

New Policy Number (if available): _____

REQUEST FOR TRANSFER / REPLACEMENT

I, the undersigned policyholder, hereby voluntarily request and authorise the transfer and/or replacement of my existing funeral policy to the above-mentioned funeral service provider.

I further request that the current insurer/funeral service provider provide the following documentation and information to facilitate the transfer process:

- Policy status confirmation
 - Paid-up status confirmation
 - Waiting period confirmation
 - Claims status confirmation
 - Transfer / clearance certificate (where applicable)
 - Proof of current cover and beneficiaries
-

ACKNOWLEDGEMENT BY POLICYHOLDER

I confirm and acknowledge that:

1. This request is made voluntarily and without coercion.
2. I understand that replacement of a funeral policy may affect waiting periods, benefits and underwriting conditions.
3. I authorise the release of my policy information for purposes related to this transfer request.
4. I consent, in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA), to the processing and sharing of my personal information strictly for purposes related to policy verification, transfer and administration.
5. I understand that all requests remain subject to the insurer's and administrator's terms, conditions and regulatory requirements.

AUTHORISATION

Signature of Policyholder: E. GAWIE

Date: 25 JUNE 2026.

Place: GEORGE

OFFICE USE ONLY

Consultant Name: BRONWEN PRINS

Date Received: 25 JUNE 2026.

Documents Attached:

- ☐ Copy of ID
- ☐ Proof of Banking Details
- ☐ Existing Policy Schedule
- ☐ POPIA Consent
- ☐ Other: _____

Remarks: