

# Cancellation request for the insurance

To : Allianz S.A.L

Hazmieh – Lebanon

I, the undersigned \_\_\_\_\_, in my capacity as :

- Policy Holder of the insurance contract(s) no. \_\_\_\_\_,
- Legal guardian, signatory of the insurance application(s) of the contract(s) no. \_\_\_\_\_,  
(where the Policy Holder is a minor),

Hereby request the definitive cancellation of the above mentioned insurance contract(s) with all its/their effects, as well as the cancellation of all the premiums that will become due as of the date of this letter. And I therefore return to your side, the original copy of the contract(s) subject of this cancellation request.

In the event I was, for any reason, unable to remit the original of the contract(s) in controversy to what is stated here above; I hereby declare under my own responsibility that the said original contract(s) is/are, as of the date of the present cancellation request, with no contractual value.

Noting that the constraint of returning the Original copy (ies) of the contract(s) is due to:

Accordingly, I kindly ask you to :

- Issue the check representing the net surrender value of the contract(s) abovementioned, for my order.
- Transfer this amount to my below mentioned bank account :

**Account In Lebanon**

Bank Name/Branch : \_\_\_\_\_  
Beneficiary's Name : \_\_\_\_\_  
Account Nbr. : \_\_\_\_\_  
IBAN : \_\_\_\_\_  
Swift Code : \_\_\_\_\_  
Address : \_\_\_\_\_  
Purpose of payment : \_\_\_\_\_

Noting that upon the reception of the check or the execution of the bank transfer, I thereby confirm receiving the net surrender value of the contract(s) and consequently irrevocably discharge Allianz S.A.L. from any and all rights and liabilities related to the contract(s) subject of this request which became and remain(s) cancelled in all its/(their) terms, effects and conditions.

Reason of cancellation: \_\_\_\_\_

By signing this format, I hereby acknowledge having been provided with Allianz S.A.L.'s Privacy Notice (available at the company's website: [www.allianz.com.lb](http://www.allianz.com.lb)) and thus give my consent to Allianz S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities Allianz S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to Allianz S.A.L. I also agree and acknowledge that Allianz S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

*The below data is mandatory to proceed with the request*

Mobile: \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Please include all your adopted signatures with Allianz if applicable)

**Irrevocable beneficiary's approval in case the contract covers a loan:**

Date: \_\_\_\_\_

Beneficiary Stamp and Signature :

**Reserved for Allianz S.A.L.**

Request submitted through (Name) : \_\_\_\_\_  Agent  Collector  Direct  
Were the request and the ID signed in front of you ?  Yes  No  
Was the agent informed ?  Yes  No Agent name : \_\_\_\_\_ Code : \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of request submitter :