

Policy Holder Name Correction Endorsement

Policy Details

Policy Number
Vehicle Registration Number
Period of Insurance
Insurer

Correction Requested

Current Name:

Corrected Name:

Declaration

I, the undersigned policyholder, hereby request correction of the policyholder's name as stated above. I declare that this correction is required for the purpose of updating my personal records and that all other information contained in the policy remains unchanged.

Date:

Signature of Policyholder

Authorized Signatory (Insurer)