

# Marine Insurance Certificate Surrender Form

## Certificate Details

Certificate Number

Policy Number

Issue Date

Expiry Date

## Insured Details

Name of Insured

Address

## Reason for Surrender

Please specify

## Declaration

I hereby surrender the above-mentioned Marine Insurance Certificate and declare that it is no longer required. All details provided above are true and correct to the best of my knowledge.

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Signature of Insured

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Date