

PRUDENTIAL ASSURANCE UGANDA LIMITED

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Direct Debit Authority Cancellation Form

Customer Details Customer Name Policy No. **Mobile Number** Reason for cancellation: **Banking Details Bank Name Customer Bank Account Name Customer Bank Account Number Declaration:** I authorise Prudential Assurance Uganda Limited to cancel a direct debit authority which I signed to remit my premiums on every _____ day of the [month, quarter, half year, year] through the abovementioned Bank. **Customer Signature Date**

^{*}Once you have completed this form, please **attach a copy of your ID** (National ID, Driver's Licence or Passport)