

Member/Dependent Deletion Form

Deletion Request

Request For	Effective Date	
Member Deletion Dependent Deletion	DD/MM/YYY	
Reason For Member Deletion	Reason For Dependent Deletion	
Left Employment	Divorce	
Lay Off	Death	
Others (Please Explain)	Others (Please Explain)	

Deleted Member/Dependent Information

No	Full Name	Membership No	Number Of Dependents
1			
2			
3			
4			
5			

Section to be filled by Organization

Employee Signature:	
Authorizer Signature:	
Date:	DD/MM/YYY
Stamp:	

Section to be filled by Amanah Insurance

FINANCE DEPARTMENT		MEDICAL UNDERWRITING DEPARTMENT	
confirmed		Deletion confirmed	
Signature		Signature	
Date:	DD/MM/YYY	Date:	DD/MM/YYY

- 😂 Hargeisa: +252 63 6116113
- 🔮 Mogadishu: +252 63 4221100
- Garowe: +252 90 5006590
- 😂 Nairobi: +252 11839636
- Sourth floor | Burj Omaar | Road No.1 | Hargeisa, Somaliland
- S Third Floor | TCC Tower | Isgoyska-Taleex | Mogadishu, Somalia
- Second Floor | Huruse City Mall | Garowe, Putland
- 🞗 🛛 Third Floor, |Kanha, Lower | Kabete Rd, Westlands

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- www.twitter.com/Amanahinsurance