



## MTN Device Prepaid Insurance Change of Cellular Details Form

### Policy Holder existing Details:

POLICY HOLDER NAME	
POLICY NO	
IDENTITY NO	
POLICY HOLDER CONTACT NO	
POLICY HOLDER E-MAIL ADDRESS	
CURRENT IMEI NUMBER	
CURRENT USER NAME & SURNAME	
CURRENT USER ID NUMBER	
USER EMAIL ADDRESS	

CHANGE OF USER: NAME & SURNAME	
CHANGE OF USER ID NUMBER	
CHANGE OF INSURED CELL NUMBER 1	
CHANGE OF INSURED CELL NUMBER 2	
CHANGE OF POSTAL ADDRESS	
	POSTAL CODE
CHANGE OF EMAIL ADDRESS	
CHANGE OF IMEI NUMBER	
MAKE AND MODEL	
HAS YOUR DEVICE BEEN	<input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> NONE
REASON FOR CHANGE OF DEVICE	<input type="checkbox"/> UPGRADE <input type="checkbox"/> OBF <input type="checkbox"/> WARRANTY <input type="checkbox"/> CLAIM REPLACEMENT

If a change of handset (IMEI number) proof of purchase or proof of upgrade form must be submitted with this change of details form

Please note that this change will only take effect upon receipt of confirmation from Pinnacle Marketing.

### Change of Cellular Indemnity Limit:

Our contact centre will call you to verify the new premium and confirm the value of the device.

ALL RISK                       LIQUID & ACCIDENT                       REPAIR ONLY

COVERS:

Loss

Theft

Accidental Liquid Damage

Accidental Damage

COVERS:

Accidental Liquid Damage

Accidental Damage

COVERS:

Accidental Damage

Make	Limit of Indemnity	Optional SIM Cover	Total value of device
	R0 to R1000	R3.03	
	R1001-R2000	R3.03	
	R2001-R3000	R3.03	
	R3001-R4000	R3.03	
	R4001-R5000	R3.03	
	R5001-R6000	R3.03	
	R6001+Additional		

### Change of Banking Details:

BANK		
BRANCH	BRANCH CODE	
ACCOUNT NO		
ACCOUNT HOLDER		
TYPE OF ACCOUNT		
CURRENT	SAVINGS	WHAT IS MY PAY DATE
PLEASE DEBIT MY ACCOUNT ON THE FOLLOWING DATE EVERY MONTH		

**Declaration:** I hereby confirm that I am not aware of any physical damage to this device and that at the time of signing this form the device is in my possession. I hereby authorise Guardrisk Insurance Company Ltd or their appointed nominee to make the above changes and to debit my bank account with the monthly premium on the above working day of each month.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Once the details have been amended, an updated policy schedule and copy of your policy wording will be e-mailed as confirmation