



MTN Device Prepaid Insurance Change of Laptop Details Form

Policy Holder Details:

POLICY HOLDER NAME	
POLICY NO.	
IDENTITY NO.	
POLICY HOLDER CONTACT NO.	
POLICY HOLDER EMAIL ADDRESS	
USER CELL NUMBER	
USER EMAIL ADDRESS	
CURRENT SERIAL NUMBER	
CURRENT USER NAME & SURNAME	
CURRENT USER EMAIL ADDRESS	
CHANGE OF USER: NAME & SURNAME	
CHANGE OF USER: ID NUMBER	CELL NUMBER
CHANGE OF POSTAL ADDRESS	POSTAL CODE
CHANGE OF USER EMAIL ADDRESS	
CHANGE OF SERIAL 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 device (serial number) proof of purchase must be submitted with this change of details form

Change of Laptop Indemnity Limit: *If you do not know the value of your device our contact centre will call you to verify the new premium*

The indemnity limit is the value of the device specified.

Make	Model	Limit of Indemnity	Nett Premium	Admin Fee	Total	Total
R0 to R5 000		R58.51	R12.11	R70.62		
R5 001-R6 000		R71.62	R12.11	R83.73		
R6 001-R7 000		R82.72	R12.11	R94.83		
R7 001-R8 000		R94.82	R12.11	R106.93		
R8 001-R9 000		R105.92	R12.11	R118.03		
R9 001-R10 000		R119.04	R12.11	R131.15		
R10 001-R11 000		R130.13	R12.11	R142.24		
R11 001-R12 000		R142.24	R12.11	R154.35		
R12 001-R13 000		R153.33	R12.11	R165.44		
R13 001-R14 000		R165.44	R12.11	R177.55		
R14 001-R15 000		R177.54	R12.11	R189.65		
R15 001-R16 000		R189.65	R12.11	R201.76		
R16 001-R17 000		R200.75	R12.11	R212.86		
R17 001-R18 000		R212.85	R12.11	R224.96		
R18 001-R19 000		R223.95	R12.11	R236.06		
R19 001-R20 000		R236.05	R12.11	R248.06		
R20 001-R21 000		R248.16	R12.11	R260.27		
R21 001-R22 000		R260.26	R12.11	R272.37		
R22 001-R23 000		R271.36	R12.11	R283.47		
R23 001-R24 000		R283.46	R12.11	R295.57		
R24 001-R25 000		R294.56	R12.11	R306.67		

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