



INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBIT DEDUCTION

Please fill in the form and send to:

SIC Life Company Limited
P.O. Box CT-3242
Cantonments – Accra.

1. Name and full postal address of your Bank:

To: The Manager,
Address:

2. Name of Account

3. Bank Account Number

4. Monthly deduction:

Please state Policy Number(s)

5. **Instruction to Bank**

Please pay SIC Life Direct Debit Deduction from the Account Number on this instruction until further notice.

Date of First Deduction:

Signature:..... Date:

Full Name:

Address:

.....

Phone: Office

Cell:

Residence:

E-mail Address:

.....



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