

CHANGE SALES ADVISOR

Please check all details, then complete the relevant areas of the form and return it to:
BSP Life (Fiji) Limited, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone 331 7000 Call Centre 132 700 Facsimile 330 8955 Web www.bsplife.com.fj



PLEASE READ THESE NOTES:

- This form is to be completed for change of Salesperson that is assigned to your policy.

Section A :Policy Details

Policy Number:

Policy Owner Name:

Section B : Personal Details

Complete in this section the details for the NEW Salesperson.

First Name:

Middle Name:

Last Name:

Sales Advisor Number:

Sales Unit:

Reason for change

Request of the Policy Owner. (Please specify date: DD/MM/YYYY) Request from Sales Management

Other (please specify)

Section C : Declaration by Policy Owner

I hereby confirm details above to be correct and request for the change to be applied to the policy.

Full Name:

Signature:

Date:

Section D: Authorisation from Sales Management

I hereby authorise the details above for the change to be applied to the policy.

Full Name:

Signature:

Date:

Section D: For Office Use Only

Checklist: Impress received stamp on the form.

Sales Unit Managers must authorise all changes including broker changes.

The effective date of the change is the date the form is processed or a future date specified on the form.

Action Taken:

Received by:

Name

Signature

Date

Authorised by: