

CHANGE OWNER/MEMORANDUM OF TRANSFER



Please check all details, then complete the relevant areas of the form and return it to:
 BSP Health Care (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 Policy Owner for Term Life Insurance Policies ONLY.
- This is to be signed by the CURRENT Policy Owner.
- The Memorandum of Transfer (MOT) on the back of this page must be signed by the Policy Owner and the Assignee/Transferee to authorise the change.
- Any existing MOTs must be received along with the new MOT.
- A form of identification from the NEW Policy Owner (TIN, Driver's Licence, FNPF Card, FRCA/FNPF Card) must be included with this form.

Section A :Policy Details

Policy Number:

Policy Owner Name:

Section B : Personal Details

Complete details of the NEW Policy Owner/Assignee/Transferee. (If Individual complete 1(a), If Legal Entity complete 1(b).
 Please complete 2 for all transfers)

1(a) First Name:

Middle Name:

Last Name:

Date of Birth:

Marital Status:

1(b) Name of Legal Entity (In Full):

Contact Person Name or Position

2 Postal Address:

Residential Address:

Email Address:

Consent to communicate electronically: Yes No

Work Phone:

Home Phone:

Mobile:

Facsimile:

FNPF Number:

Tax Identification Number:

Driving Licence Number:

EDP/Pay Number:

Joint FNPF/FRCA Number:

Section C: Declaration

I confirm details above to be correct and request for the change to be applied to the policy. I confirm that the Assignee/Transferee has provided me with his/her/its personal details and has authorised me to complete this form.

Full Name:

Signature:

Date:

For Office Use Only

Checklist: Impress received stamp on the form.

Form and MOT completed in full.

The MOT must be signed by the Policy Owner and the Assignee/Transferee to authorize the change of Owner.

The MOT must be stamped and properly executed before it can be registered. There must also be an Insurable Interest between the new policy owner and the primary insured

Action Taken:

Received by:

Name

Signature

Date

Authorised by:

**INSURANCE ACT 1998
FORM 16
MEMORANDUM OF TRANSFER**

Date of Transfer					
Name in Full of Transferor					
Signature of Transferor					
Signature of Witness of Transferor*					
Transferee	Name in Full				
	Address				
	Occupation				
	Father's Name				
	Signature				
Signature of Witness of Transferee*					
Date of Registration of Transfer by BSP Health Care (Fiji) Limited					
Signature of Authorised Officer of BSP Health Care (Fiji) Limited					

***Note:** If the transferor or transferee is illiterate or unable to read English, he or she must sign the assignment or affix his or her thumb impression to this Memorandum in the presence of a Magistrate or Justice of the Peace. In such cases the Magistrate or Justice of the Peace should certify on the Memorandum that the contents of the Memorandum were fully explained in the language understood by the transferor or transferee and that the signature or thumb impression was affixed after the transferor or transferee appeared to the Magistrate or Justice of the Peace to thoroughly understand the contents of the Memorandum.