

Cancellation request for the insurance

I, the undersigned _____, in my capacity as :

- ☐ Policy Holder of the insurance contract(s) no. _____,
- ☐ Legal guardian, signatory of the insurance application(s) of the contract(s) no. _____,
(where the Policy Holder is a minor),

Hereby request the cancellation of the above mentioned insurance contract(s) with all its/their effects. And I therefore return to your side, the original copy of the contract(s) subject of this request.

In the event I was, for any reason, unable to remit the original of the contract(s) in controversy to what is stated here above; I hereby declare under my own responsibility that the said original contract(s) is/are, as of the date of the present cancellation request, with no contractual value.

Noting that the constraint of returning the Original copy (ies) of the contract(s) is due to:

Accordingly, I kindly ask you to proceed with the settlement of the net encashment value :

- ☐ By local* bank transfer to my local Lebanese non-fresh account
- ☐ As Fresh** equivalent based on the attached calculator
- ☐ By keeping the net encashment value or its fresh equivalent as calculated in the attached calculator in my account at SNA SAL for it to be used/invested by the company for/into the attached offer/application/policy

Account in Lebanon:

Bank Name/Branch:
Beneficiary's name:
Account Number:
IBAN:
Swift Code
Address:
Purpose of payment:

Account Abroad:

Intermediary Bank:
Address:
Swift Code:
Beneficiary's bank:
Address:
Swift code:
Beneficiary's name:
Account Number:
IBAN:
Purpose of payment:

Noting that upon the reception of the execution of the above request, I thereby confirm receiving all my rights under the contract(s) and consequently irrevocably discharge SNA S.A.L. from any and all rights and liabilities related to the contract(s) subject of this request which became and remain(s) cancelled in all its/(their) terms, effects and conditions. And I hereby forever, unconditionally and fully release SNA SAL and its parent and affiliated companies from any claim or demand of whatever nature or source in relation with such contract(s) and/or its/their cancellation and consequences and present settlement.

(*) In the definition set in Circular 150 dd 09/04/2020 of Banque du Liban, also known as Lollars Or Old US Dollars accounts.

(**) Monies transferred from abroad and/or monies received in cash in foreign currencies after 4/9/2020 as defined under Circular 150 dd 09/04/2022 of Banque du Liban.

By signing this format, I hereby acknowledge having been provided with SNA SAL's Privacy Notice (available at the company's website: www.sna.com.lb) and thus give my consent to SNA SAL to process my personal data for the purposes set out therein and to share my personal data with third party entities SNA SAL treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to SNA SAL.

I also agree and acknowledge that SNA SAL may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

The below data is mandatory to proceed with the request

Mobile: _____ / _____ E-Mail: _____ @ _____

Date: _____

Signature:

(Please include all your adopted signatures with SNA SAL if applicable)

Irrevocable beneficiary's approval in case the contract covers a loan:

Date: _____

Beneficiary Stamp and Signature :

Reserved for SNA SAL

Request submitted through (Name) : _____ ☐ Agent ☐ Collector ☐ Direct

Were the request and the ID signed in front of you ? ☐ Yes ☐ No

Was the agent informed ? ☐ Yes ☐ No Agent name : _____ Code : _____

Date: _____ Signature of request submitter :