

REASSIGNMENT OF CERTIFICATE (PSF21)



Certificate No. 	New NRIC No. - - 	STAMP DUTY
Old NRIC/BC/Passport No. 		
Name of Person Covered _____		

Certificate Issue Date _____	Basic Sum Covered _____
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ASSIGNOR'S DETAILS	ASSIGNEE'S DETAILS
NAME	NAME
NRIC	NRIC
DATE OF BIRTH	DATE OF BIRTH
CONTACT NO	CONTACT NO
ADDRESS	ADDRESS

I/We the ASSIGNEE named above in consideration of the _____% of the Basic Sum Covered, hereby re-assign unto the ASSIGNOR the benefits and monies payable under the above Certificate No. and declare that I/we have no more interest whatsoever in the said Certificate.

Dated at _____ on _____ day of month _____ in the year _____

WITNESSED BY:

Signature of ASSIGNEE

Signature of Witness

Name of Witness

NRIC No

Address

NOTE:

This document has to be stamped in accordance with the Stamp Act.
GREAT EASTERN TAKAFUL BERHAD assumes no responsibility for the validity or legality of this Reassignment.
This form must be witnessed by an IMPARTIAL party.

Great Eastern Takaful Berhad (916257-H)

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