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Email: carecentre@custodianinsurance.com

Website: www.custodianplc.com.ng



Note: The form should be filled in block letters. Any correction or alteration made should be initialled by the Policy holder

Service Form:
Change / Endorsement Request
Name of Policyholder Title (Mr., Mrs., Ms., Dr etc) Surname First Name Maiden Name (if applicable) Middle Name Phone Number: Indicate all Policy Number(s) to be updated: Policy No. 1: Policy No. 2:
Please Tick as Appropriate (Kindly effect change(s) on): 1. Policy holder 2. Life Assured 3. Named Beneficiary/Nominee A. Non-Financial Change(s): (i). Address (ii). Phone Number (iii). Email Address (iv). Name (v). Account Reset (vi). Online Log-in B. Financial related Change(s): Note: Changes in this section will affect the future Benefits on the Policy (i). Sum Assured (ii). Annual Premium (iii). Payment Frequency (iv). Policy Duration (v). Rider (Where applicable only) Other changes (Please Specify)
Change From (Old Details) Change to (New Details)
Declaration by Policyholder: I, the undersigned declare that I am the legal owner of the policy and the information on this form is correct. Signature of Policy Holder Signature must be regular / same at Inception of policy

Kindly scan and email the completed form to us via the e-mails below for processing: Carecentre@custodianinsurance.com or Retailenterprise@custodianinsurance.com