

ALL RISKS AMENDMENT FORM

Insured _____ Policy number _____

Address to remain the same Yes No

Address change (supply all details pertaining to the new risk address) _____

All Risks unspecified property Yes No Sum insured R _____

Specified property:

NOTE: Items cannot be insured without detailed information, i.e. make, model, serial number and exact description of jewellery and watches

Item description	Valuation/ Proof of purchase		Sum insured	Bank safe	
	Yes	No		Yes	No
1) _____	Yes	No	R _____	Yes	No
2) _____	Yes	No	R _____	Yes	No
3) _____	Yes	No	R _____	Yes	No
4) _____	Yes	No	R _____	Yes	No
5) _____	Yes	No	R _____	Yes	No
6) _____	Yes	No	R _____	Yes	No
7) _____	Yes	No	R _____	Yes	No
8) _____	Yes	No	R _____	Yes	No
9) _____	Yes	No	R _____	Yes	No
10) _____	Yes	No	R _____	Yes	No
11) _____	Yes	No	R _____	Yes	No
12) _____	Yes	No	R _____	Yes	No
13) _____	Yes	No	R _____	Yes	No
14) _____	Yes	No	R _____	Yes	No
15) _____	Yes	No	R _____	Yes	No
16) _____	Yes	No	R _____	Yes	No
17) _____	Yes	No	R _____	Yes	No
18) _____	Yes	No	R _____	Yes	No
19) _____	Yes	No	R _____	Yes	No
20) _____	Yes	No	R _____	Yes	No

Delete item/s	Effective date of deletion
_____	_____
_____	_____
_____	_____
_____	_____

CLIENT SIGNATURE: _____

Effective date of amendment: _____