

Backdating Request Form:

Agent Name (Insurer):	
Coupon/ Policy Number:	
Coupon Type:	
Insured:	
Broker:	
Requested Start Date: <small>(Sasria does not permit backdating requests made to more than six (6) months after either the request for Sasria cover or the inception date of the Sasria cover, whichever is the later)</small>	
Requested End Date:	
Reason for Backdating (Fully Detailed):	
No Claims Declaration (Sasria claims):	
Premium Confirmation:	

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature: _____

For any queries, kindly send an email to contact_underwriting@sasria.co.za