



Cancellation

We would like to remind you that you have the option to cancel your policy at the end of each calendar month if your circumstances change.

If you would like to cancel your insurance, please complete the form below and send it to the following address:

**ARTEX INSURANCE BROKERS (EUROPE) PCC LIMITED – AMARIZ CELL
THE LANDMARK LEVEL 1, SUITE 2,
TRIQ L-ILJUN,
QORMI,
QRM 3800,
MALTA**

Email : info@amariz.eu



CANCELLATION

I the undersigned:(Surname and first name),
born on the:and
residing at:

would like to cancel my AMARIZ SANTE policy reference
with effect from the / /

Signed at(place) on the / /

Signature

Reason for cancellation (optional)

- ☐ I would like to keep my Top-Up policy
- ☐ I would like a quote for Top-Up cover