

**REQUEST FOR CONTRACTUAL CHANGES**  
**PERMOHONAN BAGI PERUBAHAN KONTRAK (PSF01)**



Certificate No. No. Sijil	<input type="text"/>	New NRIC No. No. KP Baru	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name of Person Covered Nama Orang yang Dilindungi		Old NRIC/Birth Certificate/Passport No. No. KP Lama/Sijil Kelahiran/Pasport	<input type="text"/>

Please fill in/tick box where appropriate *Sila isikan/tandakan kotak yang sesuai*

**A. CONTRACTUAL CHANGES PERUBAHAN KONTRAK**

Reduction of Sum Covered <i>Pengurangan Jumlah Perlindungan</i>	From <i>Dari</i>	To <i>Kepada</i>
<input type="checkbox"/> Riders <i>Rider</i>	_____	_____
<input type="checkbox"/> Supplementary Benefits <i>Manfaat Tambahan</i>	_____	_____
<input type="checkbox"/> Reduce Basic Sum Covered <i>Jumlah Pengurangan Perlindungan Asas</i>	_____	_____

Reduce Basic Sum Covered of Non-Investment Link certificate is subject to the following term:  
- The excess past contributions paid will not be refunded.  
*Pengurangan Jumlah Perlindungan Asas selain daripada sijil Berkait-Pelaburan adalah tertakluk kepada terma berikut:*  
- Lebihan caruman sebelum ini tidak akan dikembalikan.

Reduction of Regular Contribution <i>Pengurangan Caruman Biasa</i>	<input type="checkbox"/> Basic Investment Contribution (BIC) _____ per year <i>Caruman Pelaburan Asas (CPA) _____ setahun</i>
BIC will be split into Takaful Contribution and Balancer, where applicable. <i>CPA akan dibahagikan kepada Caruman Takaful dan Imbangan, jika berkenaan.</i>	

Cancellation of Riders / Supplementary Benefits <i>Pembatalan Rider / Manfaat Tambahan</i>	<input type="checkbox"/> Riders <i>Rider</i> _____
	<input type="checkbox"/> Supplementary Benefits <i>Manfaat Tambahan</i> _____

**B. MEDICAL CARD KAD PERUBATAN**

<input type="checkbox"/> Replacement of Medical Card <i>Penggantian Kad Perubatan</i>	Reason: _____ <i>Sebab:</i>
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**C. CAR REGISTRATION NO. NO. PENDAFTARAN KERETA**

Car No.: <i>No. Kereta:</i>	<input type="text"/>
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**D. OTHERS LAIN-LAIN**

_____ _____ _____
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CSD-PSF01-V11-032024-TAKAFUL

**E. DATA PROTECTION NOTICE NOTIS PERLINDUNGAN DATA**

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateastertakaful.com](http://greateastertakaful.com).

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-13-8338, or write to the Takaful Operator at [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).

*Untuk maklumat berkenaan pemprosesan data peribadi dan hak anda ke atas data peribadi anda, sila rujuk Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web [greateastertakaful.com](http://greateastertakaful.com).*

*Jika anda mempunyai sebarang pertanyaan atau aduan (seperti mengehadkan pemprosesan maklumat tertentu, termasuk membatalkan persetujuan untuk menerima maklumat pemasaran), anda boleh menghubungi talian **Careline** kami di 1300-13-8338, atau tulis kepada Pengendali Takaful di [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).*

Dated at \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Ditandatangani pada*      Day      Month      Year  
*Hari*      *Bulan*      *Tahun*

Signature of Certificate Owner  
*Tandatangan Pemilik Sijil*

Name : \_\_\_\_\_  
*Nama*

NRIC No. : \_\_\_\_\_  
*No. K/P*

Tel no. : \_\_\_\_\_  
*No. Tel*