



**INDUSTRY-WIDE COURSE (IWC) & FEE PROTECTION SCHEME (FPS)**

**Request/Update Form**

PEI Name : \_\_\_\_\_

Policy No. \_\_\_\_\_ Policy Type : \_\_\_\_\_(FPS/IWC)

We wish to request/inform Lonpac Insurance Bhd:

To increase our Maximum Insurable Limit by \$ \_\_\_\_\_

Of change in Particulars :

o Change of PEI Name : \_\_\_\_\_

o Change of Legal Name : \_\_\_\_\_

o Change of Address : \_\_\_\_\_

Other matters \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration by the Applicant:**

I/We declare that the information provided is true and correct, and we have not withheld any material information regarding this request/update.

\_\_\_\_\_  
Signature/Company stamp of Authorised Signatory

Name and Designation:

Email :

Date:

Contact No.:

**Once you have completed this Form, please send it to AEGIS via  
Fax: 6837 0305 or email to [customerservice@aegisic.com](mailto:customerservice@aegisic.com).**

**Office Use only**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documents submitted for Lonpac's consideration**

- Latest Financial Statements
- Copy of Business Profile (ACRA extract)
- Others :