

DECLARATION TO ESTABLISH IDENTITY

In case of Deceased Policy Holders

Policy No.

Declaration to establish identity in case of deceased policy holder

Questions to be answered by a responsible person (other than a relative or the Medical Attendant or person interested in the assurance) to whom the deceased was well known.

1. Name of the deceased in full.

2. Date and place of death.

3. How long had you known the deceased?

4. Were you present at the time of death?

5. Did you see the remains of the body of the deceased?

6. Do you know beyond a doubt, that the deceased was the person described in the above-mentioned policy

7. Have you any interest in the above-mentioned policy?

Name

Profession or Occupation

Address

Telephone Number

Witness' Name

Witness' Address

Witness' Telephone Number

Witness' Signature

Date

I do hereby declare that I have answered the foregoing questions to the best of my knowledge and belief.

Signature

Date

(Physician)

Qualifications

Address

FORM 159/01/07