

FORMS OF INDEMNITY

POLICY NO. Declare that: -of P.O. BOX of policy no. (hereinafter called "the policy"), Dated Issued by Madison Life Assurance Company Kenya Limited on the life of Insured for Kshs..... 2. Notwithstanding the fact that very proper and diligent search has been made and in particular enquiry has been made of policy document Number cannot be found and I verily believe that it must have been misplaced. 3. I do hereby confirm that I, as policyholder have not parted with the policy or the deeds relating thereto to any person or dealt with the policy or such deeds in any way which would create any encumbrance or charge on or interest in the policy or any part thereof or any money assured thereby. 4. I, holder of policy no. now absolutely entitled to the policy and all money assured thereby free from any charge or incumbrance thereon and I have no knowledge of any conflicting claim thereto. 5. I have never been accused of mistrustfulness nor have I been bankrupt nor was any receiving order in bankruptcy ever made against me in Any Way, and at Any Time. 6. I make this declaration for the satisfaction of Madison Life Assurance Kenya Limited whom on the faith thereof is about to settle the claim under the policy, of Kshs.

7. In consideration of the payment of the above amount in satisfaction and Discharge of all claims under the above
policy/policies, I Of P.O. Box HEREBY UNDERTAKE AND AGREE
at all times hereafter to INDEMNIFY MADISON LIFE ASSURANCE KENYA LIMITED in respect of all actions,
claims, losses, costs and expenses of whatsoever nature against or incurred by the said company in relation
to the above policy, or all or any of the proceeds thereof or in any other way concerning the same.
Dated this day of
And i make this solemn Declaration conscientiously believing the same to be true and
by virtue of the provisions of the Statutory Declarations Act, 1835.
DELCARED AT)
THIS DAY OF)
YEAR)
Before Me,
COMMISSIONER FOR OATHS

Form 139/08/83