INDEMNITY FORM

I the undersigned, _____ ID number _____

Residing at _____

_____ Postal code _____ contact number _____

Alternative contact person _____ contact number_____

hereby make oath and say:

I am the _____ (relationship) of the deceased, _____ who died

on _____/_____/_____ at _____

The deceased was a life assured on the following Policy: _____

I am responsible for all the funeral arrangements and burial of the said deceased and herby indemnify Lionlife in respect in any future claim in respect of this policy. I hereby confirm that Lionlife has fulfilled its contractual obligations in respect of this claim.

I hereby accept full responsibility for the information provided. Lion of Africa Life Assurance Company Limited reserves the right to proceed with the appropriate action to reclaim the proceeds in the event that there is a counter claim.

I know and understand the contents of the above declaration. I have no objection to taking prescribed oath. I consider the prescribed oath to be binding on my conscience.

Thus done and signed at _____on this_____ day of _____ 20_____

_____ _____

Deponent Commissioner of Oaths

Commissioner of Oaths

STAMP