



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 hereby 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

Lion of Africa Life Assurance Company Limited • Reg No. 1942/015587/06 • FSP No. 15283
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Directors: F Robertson (Chairman) • JD Faught • NA Pangarker • LA Witten • CK Zama • MFH Cariem
CEO: Paul Myeza

LionLife is an authorised financial services provider FSP 15283, and a licensed insurer licensed to conduct life insurance business.
For more information visit www.lionlife.co.za