

Botswana Life Insurance Limited



STRENGTH
&
SECURITY

AFFIDAVIT (Death At Home)

I ----- (full name)

IDENTITY NO.-----AGE-----

ADDRESS-----WARD-----VILLAGE-----

HEADMAN-----DECLARE TO THE BEST OF

MY KNOWLEDGE THAT----- (full name of deceased)

DIED ON THE -----DAY OF-----2-----

AT-----

SIGNATURE OF CLAIMANT-----

DECLARATION ACKNOWLEDGED TO BE THE TRUTH AND SWORN

BEFORE ME AT-----

ON THIS -----DAY OF-----2-----

NAME-----SIGNATURE-----
COMMISSIONER OF OATHS/HEADMAN