

Botswana Life Insurance Limited



DECLARATION OF IDENTITY

The purpose of this declaration is to identify the deceased with person assured by the company. It should be completed by a disinterested person who is not related to the deceased and who is not the executor. If no one is so qualified the Claimant should refer to the company.

NAME OF DECEASED (IN FULL) : _____

DATE OF DEATH : _____

PLACE OF BIRTH : _____

AGE AT DEATH : _____

OCCUPATION OF DECEASED : _____

RESIDENTIAL ADDRESS : _____

FORMER PLACES OF RESIDENCE : _____

STATE WHETHER YOU SAW THE BODY AFTER DEATH OR ATTENDED THE FUNERAL, OR HOW OTHERWISE YOU ARE SURE THE ABOVEMENTIONED PERSON HAS DIED:

DID YOU KNOW THAT THE DECEASED WAS ASSURED BY THE COMPANY?: _____

IF SO, HOW DID YOU ACQUIRE SUCH KNOWLEDGE? (FOR EXAMPLE BY SIGHT OF THE POLICY / RENEWAL RECEIPTS IN THE DECEASED POSSESSION OR AS A RESULT OF THE DECEASED TELLING YOU THE SAID ASSURANCE):

GIVE NAME AND ADDRESS OF DECEASED'S USUAL MEDICAL ATTENDANT:

I, the undersigned (full name) _____ do hereby declare that the above particulars are true to the best of my knowledge.

DATED AT _____ THIS _____ DAY OF _____ 20_____

SIGNATURE: _____

OCCUPATION : _____

ADDRESS : _____

TELEPHONE : _____