

Botswana Life Insurance Limited



ENCASHMENT MOMPATI ENDOWMENT POLICY

POLICY OWNER : _____
POLICY NUMBER : _____
LIFE ASSURED : _____

I, the undersigned _____ hereby apply for the due encashment on my Mompati Policy. I understand that the maximum value that I can encash is 60% of its market value.

I understand and agree that P50.00 will be deducted from my encashment value as administration fee.

SIGNED AT: _____ ON THIS _____ DAY OF _____
20_____

SIGNATURE OF LEGAL OWNER

TICK WHERE APPROPRIATE

YES

NO

I would like to collect the cheque.

Please post the cheque to the following address:-

TELEPHONE: _____ (w) _____ (h)

CHECKLIST *(for official use only)*

DATE OF COMMENCEMENT	
STATUS	

ENCASHMENTS REQUIREMENTS

APPLICATION FORM COMPLETED	
IDENTIFICATION DOCUMENT AVAILABLE	

Name of staff member receiving documents.....

.Signature of Staff Member