

DECLARATION OF LOSS OF INSURANCE POLICY

Insurance Policy Number: _____

Policyholder's Name: _____

Insured's Name: _____

Policyholder's Address: _____

Policyholder's Identity Card or Passport Number: _____

DECLARATION

I hereby declare that I have lost my Insurance Policy no _____

issued on my life / the life of the above insured on the / /

I consider this Insurance Policy to be void and without any validity and I undertake the responsibility to deliver it to the Company if it is found.

I also declare that I have never assigned or used the above - mentioned Insurance Policy as collateral.

WITNESSES

1 Signature _____

Name _____

Address _____

2 Signature _____

Name _____

Address _____

Place and date: _____

THE POLICYHOLDER

Signature