



### 3. Particulars of Claimant

Surname: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female																																				
Full Names: _____																																						
Date of Birth: <table border="1"><tr><td>DD</td><td>MM</td><td>YY</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	DD	MM	YY																ID Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
DD	MM	YY																																				
Home Address: _____																																						
Postal Code: _____ Tel. No.: ( _____ )																																						
Occupation: _____ Employer/School: _____																																						
Work Address: _____																																						
Postal Code: _____ Tel. No.: ( _____ )																																						

### 4. Payment Details

How would you like to receive the cheque(s)?	To be Collected <input type="checkbox"/>	Via the Post <input type="checkbox"/>	Bank Account <input type="checkbox"/>																			
<b>The following information must be completed in ALL circumstances:</b>																						
Name of Bank: _____																						
Branch Name: _____	Branch Code: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Account Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
Claimants signature _____			Date: ___/___/___																			

### 5. Declaration

I/We further declare that the above statements and answers to the above questions are true and full, that I/we have withheld no material information and that I/we undertake to furnish any documentation, which may be required by Pan Africa Life Assurance Limited. I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the deceased, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorise all such persons or agencies to furnish any information in their possession to Pan Africa Life Assurance Limited.	
1. _____	WITNESS (Must be Head of Dept, Head Teacher, or a Religious Leader)
2. _____	Name: _____
Signature(s) of claimant(s)	Signature: _____ Date: ___/___/___
Date: ___/___/___	Address and Stamp: _____

### 6. I have verified and confirmed that this claim is authentic,

1. Agent/U/Manager ----- Signed ----- Date -----

#### Approved:

Sales Manager ----- Signed ----- Date -----

#### OUR SERVICE STANDARD

On receipt of the full documentation, we will immediately pay the whole benefit at our head office, provided the beneficiary/beneficiaries or claimant(s) is/are entitled to receive the proceeds and sufficient verification has been obtained to confirm that the insured event has occurred.

*We Have A Sense For Life*