

[illegible]

THANDIZO POLICY: DETAILS COLLECTION FORM FOR DEPENDANTS UP TO 25 YEARS OLD

Covered under Policy Reference No: IFFP/2019/ __ / _____

NAME OF DEPANDANT	NAME OF SCHOOL	SCHOOL CONTACT ADDRESS	SCHOOL CONTACT NUMBER

MAP – RESIDING PLACE



CERTIFICATE OF EXISTENCE

Section A: Please check details and correct or complete where necessary (To be completed by Policyholder)

Covered under Policy No: _____

Surname: _____

First Name: _____

Date of Birth: _____

Postal Address: _____

Contact details Tel/cell number(s) _____

Signed By: _____ Date: _____

Section B: Declaration

This section must be signed by a District Commissioner, a Police Officer, a Church Minister or a person of professional standing like Doctor, Lawyer or the Parent's Bank Manager.

I hereby declare that the above person has presented and identified himself/herself before me today.

Name: _____ Official Address and Stamp _____

Signed: _____ Date: _____

Please return the completed form to: **The Chief Executive Officer, Smile Life Insurance Company Limited, Chayamba Building, Victoria Avenue, Blantyre | P.O. Box 1374, Blantyre, Malawi**

NB: THIS WILL AID CLAIMS SETTLEMENT AND AVOID DELAYS AS WE CARRY OUT INVESTIGATIONS