



Specialists in: Group Life, Group Mortgage Protection, Group Funeral Insurance, Group Credit Life, Individual Life

### **Indemnity**

I, ordinarily known as .....  
(name in full and in capital letters)  
.....  
(address)

make oath swear as follows:-

1. That .....  
(name of deceased in full and in capital letters)  
hereinafter called “The Deceased” who was a policyholder/member under policy number  
..... died on ..... in ..... District.  
(date) (name of district)
2. That he/she died of  
.....  
(cause of death)
3. That the deceased was  
.....  
(type of relationship)
4. I hereby apply to collect the funeral insurance benefit(s) in the absence of a death certificate/report. The death certificate/report will be submitted within a month from the date of death.
5. I hereby undertake to indemnify Smile Life, its servants and agents against all proceedings, claims, expenses and liabilities whatsoever which may be taken or made against or incurred by Smile Life by reason of the funeral insurance benefit (claim value) given to me without the production of the original Death certificate/report.
6. This indemnity shall bind my executors, administrators and assigns.

**AND** I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and information pursuant to the Oaths, Affirmations and Declarations Act, Cap. 4:07 of the Laws of Malawi.

**DECLARED** by the said .....  
(name in full)

Dated at .....this..... day of ..... 20.....

**SIGNATURE** .....

**POLICY HOLDER/NEXT OF KIN**