

DEATH CLAIM FORM CREDIT LIFE

A. Documents Required

Documents Required	Tick
Original or Certified Copy of Death Certificate by a Commissioner of Oaths	
Police Abstract for unnatural/accidental death	
Copy of Member's Identity document	
Certified Loan Statement	
Certified Shares Statement	
Loan agreement	
Claim application form completed by the authorized representative of the company	

Cannon Life Assurance (K) Ltd reserves the right to call for additional documents where necessary to validate the claim

B. Scheme Details

Scheme name:

MEMBER DETAILS

Name:

Identity Number:

Date of Birth:

Date of Joining scheme:

Outstanding Loan (at date of death) _____ Shares Balance (at date of death)

Member date of Death:

Main cause of death:

Cannon Life Assurance (K) Limited

† +254 (20) 3966000, +254 (0) 724259847 | e info@cannon.co.ke
 a Gateway Park, Block D, Mombasa Road, P.O. Box 46783-00100 Nairobi, Kenya
 www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

Company's Declaration

I, _____ in my capacity as _____ and
duly authorized to make this declaration, hereby declare:

1. That the information provided in this claim is true and correct, and that no information has been omitted or withheld
2. That the insured person whose death gave rise to this claim has in fact died
3. I indemnify Cannon Life Assurance against any claim that may arise from any incorrect information provided in this form.

Signature _____ Date: _____

Telephone Number: _____ Email address: _____

Company's Stamp