

CERTIFICATE OF DECLARATION OF CONTINUED STATE OF UNEMPLOYMENT

Note – To be completed by any customer claiming retrenchment benefits under Cannon Life Assurance Company Ltd Retrenchment Cover upon notification of the claim and after every one month. The benefit shall pay only up to the specified number of monthly installments falling due immediately after retrenchment as per scope of cover.

LIFE ASSURED DETAILS

Scheme Name: _____

Name of Member: _____

Employer's Name: _____

Exact date of leaving Employment: _____

Reasons for leaving Employment: _____

DECLARATION

I _____ do hereby declare that I was retrenched on the date given above and have remained so to date. I agree that should the status change, I will inform the bank and the insurance company immediately.

I confirm that the above declaration is true to the best of my knowledge and belief. I agree and allow the insurance company to seek without reference to me any information whatsoever; from any source and by any means in case verification of the above information is required. I understand that should the information be found untrue the insurance company may seek to recover from me any monies paid with the cost thereof.

Signed at _____ on _____ day of _____

1. _____

Signature of customer

Date: ___/___/___

WITNESS (Should be a Commissioner of Oaths)

Name: _____

Signature: _____

Date: ___/___/___

Stamp: _____