

**MPESA INDEMNITY FORM**

**Name**

**Policy no.**

I \_\_\_\_\_ being the holder of Policy number \_\_\_\_\_ and being entitled for payment to the sum of Kshs. \_\_\_\_\_ under this policy, do hereby authorize yourselves to make payment via M-Pesa to my phone no. \_\_\_\_\_

In consideration of your sending the money through M-Pesa at my request, I hereby discharge you from one and every obligation.

Further, I undertake to indemnify you against any cost, damage and/ or expenses that may be incurred by yourselves in honouring my request herein. I appreciate, that the payment as herein above indicated is on “Without Prejudice” basis and that you have a right to recall the aforesaid payment, in the event, part or in full, if discovered later on that the amount was/ is not payable.

**For amounts up to a maximum of Kshs.70,000/=**

**Policy Holder**

Signature \_\_\_\_\_

ID/Passport no. \_\_\_\_\_

Address \_\_\_\_\_

Date signed: \_\_\_\_\_

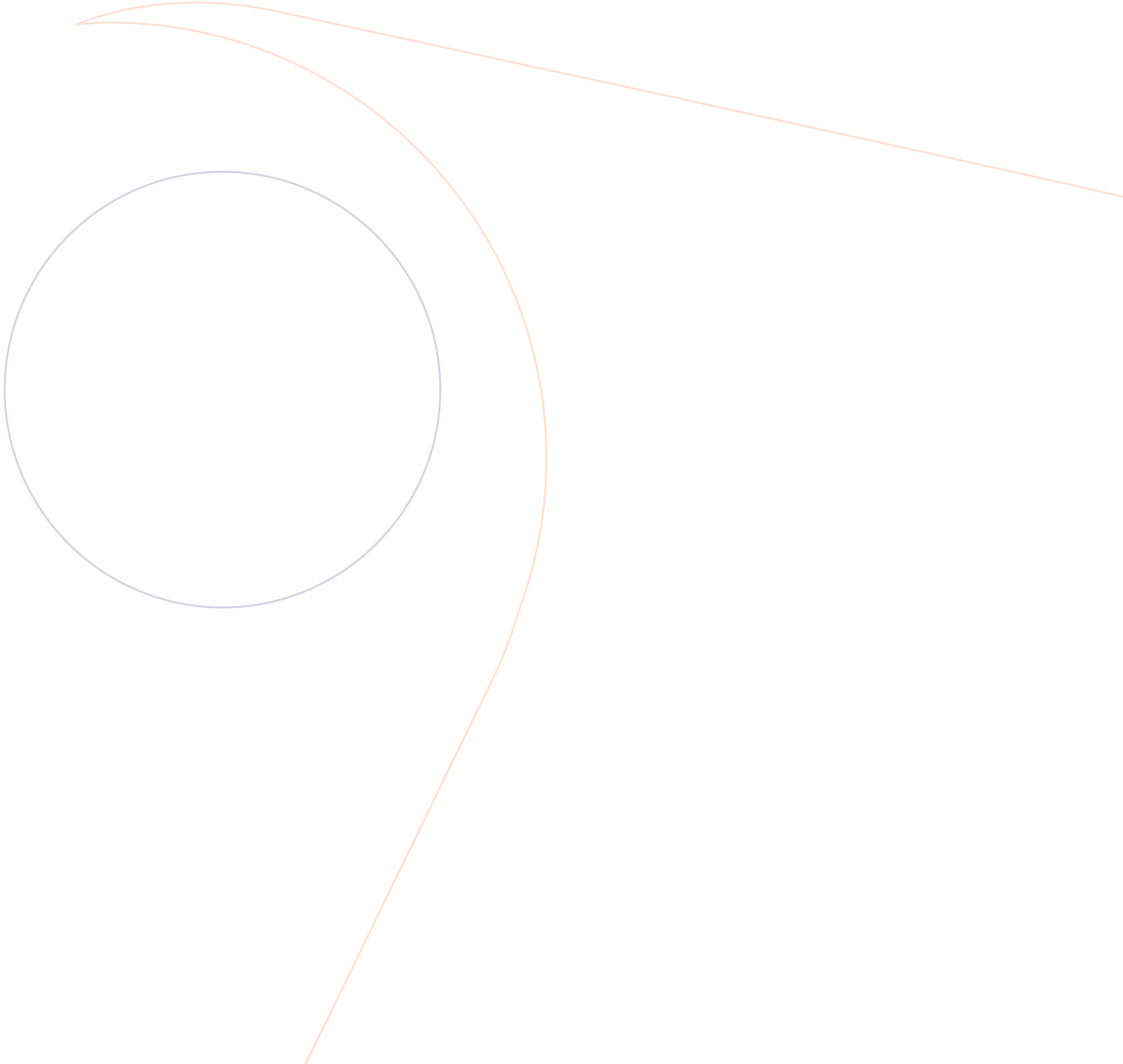
**WITNESS**

Full Name: \_\_\_\_\_

ID/Passport no. \_\_\_\_\_

Address \_\_\_\_\_

Date signed: \_\_\_\_\_



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**Cannon Life Assurance (K) Limited**

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Regulated by the Insurance Regulatory Authority

