



ESRIC
Ensuring your tomorrow, today.

DECLARATION BY CLAIMANT / CLAIM DISCHARGE FORM

Policy Number

Name of Proposer

ID Number Date of birth

Name of Life Assured

ID Number Date of birth

Physical Address

Postal Address

Postal Code

Telephone Number (H) Telephone Number (W)

Mobile Number Fax Number

E-mail address

I/We, the undersigned,

declare that

1. I am/We are the legal holder/s of the policy,
2. my estate/our estate/the estate of the policyholder has not been sequestrated and is at present solvent, and (Death Claim)
3. this policy has not been ceded to anyone, except insofar as it may be pledged to Eswatini Royal Insurance Corporation in respect of a loan

I/We hereby apply for the payment of the proceeds of the claim under the above mentioned policy and confirm that payment of such proceeds by Eswatini Royal Insurance Corporation shall represent the full and final discharge of Eswatini Royal Insurance Corporation's liability under the said policy/claim.

I/We confirm that the declaration above is correct.

(Tick where appropriate)

- 1 Five Yearly Cash Benefit
- 2 Maturity
- 3 Partial surrender / withdrawal
- 4 Full surrender Reason

Signed at Date

Signature of Legal Owner/s

Signature of Legal Owner/s (cessionary)

1. The value of the claim is
2. The amounts below must be deducted from the proceeds of the policy and be paid in the following manner

Policy Number	Amount
Loan Balance	
Premium Balance	
Admin Fee	

3. Please credit my/our bank account below with the net amount (attach bank statement)

Bank name

Branch name

Account Number Branch Code

Name of Account Holder

Type of account Savings Current Transmission

Signature of Policy Owner/s/Claimant

IDENTIFICATION OF WITNESS (OFFICE USE)

The legal owner/s, whose signature/s I witnessed, was/were identified by production of

ID Number (attach copy of ID)

Signed at Date DD / MM / YYYY

Capacity Signature of person who identifies

Full Names In Capitals

ADDITIONAL REQUIREMENTS

Eswatini Royal Insurance Corporation will not act on this application unless it is accompanied by:

1. A certified copy or original identity document of the claimant and/or the policy holder.
2. Bank statement/bank passbook/cancelled cheque.
3. Policy document.

NOTE

All documents, information and evidence required by the Corporation shall be furnished at the expense of the assured or any claimant and shall be in such form and of such nature as the Corporation shall prescribe.