



Declaration and Indemnity on Loss of Policy Booklet/Policy Schedule

Note : In this form unless the context requires otherwise, the singular shall include the plural.

Policy Number(s) :	
Policyholder Name 1 :	
Policyholder Name 2 :	
Policyholder Name 3 :	
Policyholder Name 4 :	

I declare that I am legally entitled to the policy and to the monies assured thereby and to give an effectual discharge for the policy.

I confirm that the document has been lost or destroyed and that the said policy has not been assigned or otherwise dealt with in any manner which would adversely affect my title thereto. I further confirm that the consideration offered by the Company will be accepted by me in full satisfaction of all my interests and claims under the policy.

In consideration of the sum now payable under the policy, I undertake to indemnify the Company against all claims or proceedings hereafter made or commenced against the Company in respect of the Policy and against all losses costs and expenses which the Company may suffer as a result thereof.

Signed Date

Signed Date

Signed Date

Signed Date

Witness Statement

I am over the age of 18, I am not related to any party connected to the above policy and I am of sound mind. I can confirm that this form was completed and signed by the policyholder(s) in my presence.

Name Occupation

Address

Signed Date & Place



LCL International is a trading name of LCL International Life Assurance Company Limited, part of Charles Taylor plc
LCL International Life Assurance Company Limited, PO Box 391, Douglas, Isle of Man, IM99 2XW, British Isles
Phone: +44 1624 683683 - Fax: +44 1624 683684 - E-mail: front.office@lcl.co.im - Webpage: www.lcl-ila.com