



THE JUBILEE INSURANCE COMPANY OF UGANDA LIMITED

Jubilee Insurance Centre, Parliament Avenue P.O BOX 10234 Kampala, Uganda
Tel: 0414 311771 Fax 258539/347787 Email life@jubileeuganda.com

DEATH CLAIM FORM - MTN LIFE CARE

1. Full name of the deceased _____

2. Phone Number of the Deceased _____

3. Age at Death _____

4. Name of Beneficiary _____

5. Beneficiary's Phone Number _____

6. Date of death (*day/month/year*) _____

7. Cause of death _____

8. Place of death _____

9. Please attach either of the following documents:

a) Certified copy of Original Death Certificate (*to be certified by an MTN or Jubilee official*) or

b) Original letter of LC1 reporting death.

DECLARATION

I declare and state that the foregoing statements are true in substance and in fact.

Signed at _____ this _____ day of _____ 20_____

Name _____ Signature _____