## SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

**Website:** www.salamtakafulinsurance.com **Email:** info@salamtakafulinsurance.com



## **DEATH CLAIM FORM**

	PART A: POLICY D	ETAILS	
Name of Participant:			
Period of Cover:			
Certificate No:			
Member's Name:			
Sum Covered:			
Date of Death:			
	DART D. DECLAR	ATION	
We the undersigned as abo	PART B: DECLAR ve named Participants/Trustees of t		rize and request from
he sum of:	ve named randopants/ musices of the	ne seneme nereby autilo	mize and request nom y
Seing the total and final de	ath benefit in respect of the above-n	amed deceased Membe	r of the scheme.
semb the total and imalac	ath benefit in respect of the above is		
_	·	of whom the cheque sh	ould be issued:
_	f the named beneficiary(ies) in favor  Name of Beneficiary	of whom the cheque sh	ould be issued: Percentage (%)
Please provide the details o	f the named beneficiary(ies) in favor	•	
Please provide the details o	f the named beneficiary(ies) in favor	•	
Please provide the details o	f the named beneficiary(ies) in favor	•	
Please provide the details o	f the named beneficiary(ies) in favor	•	
Please provide the details of Deceased Name	f the named beneficiary(ies) in favor  Name of Beneficiary	Relationship	Percentage (%)
Deceased Name  Deceased Name	Name of Beneficiary  Name of Beneficiary	Relationship	Percentage (%)
Please provide the details of Deceased Name	Name of Beneficiary  Name of Beneficiary	Relationship	Percentage (%)
Deceased Name  Deceased Name  Cindly return the completed form w  D/Drivers' License) and recent utility	Name of Beneficiary  Name of Beneficiary  ith a copy of valid means of identification of the cap bill.	Relationship  named Beneficiary(ies) (Internat	Percentage (%)
Deceased Name  Deceased Name  Cindly return the completed form w D/Drivers' License) and recent utility	Name of Beneficiary  Name of Beneficiary  ith a copy of valid means of identification of the cry bill.	Relationship  named Beneficiary(ies) (Internat	Percentage (%)
Deceased Name  Deceased Name  Cindly return the completed form w D/Drivers' License) and recent utility	Name of Beneficiary  Name of Beneficiary  ith a copy of valid means of identification of the cap bill.	Relationship  named Beneficiary(ies) (Internat	Percentage (%)
Deceased Name  Deceased Name  Cindly return the completed form w D/Drivers' License) and recent utility	Name of Beneficiary  Name of Beneficiary  ith a copy of valid means of identification of the cry bill.	Relationship  named Beneficiary(ies) (Internat	Percentage (%)
Deceased Name  Deceased Name  indly return the completed form work of the c	the named beneficiary(ies) in favor  Name of Beneficiary  ith a copy of valid means of identification of the cap bill.  Official stamp   Authorized Name of the cap bill and the	Relationship  named Beneficiary(ies) (Internat	Percentage (%)
Deceased Name  Cindly return the completed form with Completed signature with  Name:	Name of Beneficiary  ith a copy of valid means of identification of the cry bill.  Official stamp   Authorized Name o	Relationship  named Beneficiary(ies) (Internat	Percentage (%)
Deceased Name  Deceased Name  Cindly return the completed form w D/Drivers' License) and recent utility  Authorized signature with  Name:  Address:	the named beneficiary(ies) in favor  Name of Beneficiary  ith a copy of valid means of identification of the cap bill.  Official stamp   Authorized Name of the cap bill and the	Relationship  named Beneficiary(ies) (Internat	Percentage (%)

Authorized and Regulated by:





Member of: