



MATURITY CLAIM FORM

PART A: POLICY DETAILS

Certificate no:

Name of Participant:

PART B: DECLARATION

I/We the undersigned.....hereby agree to accept the sum of:

Amount in Figures: ₦.....

Amount in words:

In full and final settlement of all claims whatsoever now and in the future to be manifested directly or indirectly as a result of Maturity claim of in respect of the above mentioned certificate.

I/We declare further that I/We have no further claim whatsoever against **SALAM TAKAFUL INSURANCE COMPANY LIMITED**.

Full Name:

Company's Seal/Stamp:

Signature:

Date:

WITNESS

Name:

Address:

Signature: **Date:**.....

For OFFICIAL use only

Claim Number:

Reviewed by: Date:

Authorized and Regulated by:



Member of:

