PROVIDENT

INSURANCE COMPANY LTD.
P. O. BOX 782, ACCRA

TEL : 233964/221096 FAX: 239463

DEATH CLAIM FORM

I Mr./Mrs./Ms/Dr. ..... hereby report the death of Mr./Mrs./Ms./Dr. ..... whose life is assured by the Provident Insurance Company Limited and attach the relevant proof of death.

Policy No. ....

(Please Produce Policy Document) Signature of Claimant

OFFICE USE

Plan of Assurance .....

Policy Status .....

Date Of Issue .....

Sum Assured .....

Amount Payable.....

Proof Of Death .....

Document Checked By ....

Policy Document Endorsed By ....

(Signature)

Cheque No .....