



JUBILEE LIFE INSURANCE LIMITED

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CERTIFICATE OF
DECLARATION OF
CONTINUED STATE OF
UNEMPLOYMENT

Note: This declaration must be executed by any customer claiming retrenchment benefits under group credit policy upon notification of the claim and after every one months. The benefit shall pay only up to nine-month of installments falling due immediately.

Your Full Name

Date of Birth Age Gender M F

ID No. Mobile No.

Nationality PIN No. NSSF No.

Physical Address

Occupation Last Employer's Name

Postal Address Postal Code Tel No.

Date of leaving employment DD/MM/YYYY Loan repayment period Months

Reason for leaving employment

Outstanding loan as at date of leaving employment

Scheduled monthly repayment amount

Remaining period to complete repaying this loan

What plan do you have in place to resume repayment?

DECLARATION

I, do hereby declare that I was retrenched on the date given above and had remained so to date. I agree that should the status change I will inform the bank and the insurance company immediately.

I confirm that the above declaration is true to the best of my knowledge and belief. I agree and allow the insurance company to seek without reference to me any information whatsoever; from any source and by any means in case verification is of the above information is required. I understand that should the information be found to be untrue the insurance company may seek to recover from me any monies paid with cost thereof.

Signed at this day of 20

Signature of the customer

Witness

(Should be a Commissioner of Oaths or Church Minister)