

**CREDIT LIFE ASSURANCE PROTECTION  
RETRENCHMENT BENEFIT DECLARATION FORM**

**NOTE:** This declaration must be executed by any customer claiming retrenchment benefits under the Credit Life Assurance Protection policy upon notification of the claim and after every two (2) months. The benefit shall pay only up to nine (9) months of installments falling due immediately

|                               |   |
|-------------------------------|---|
| <b>Name of Scheme:</b>        | STANDARD CHARTERED CREDIT LIFE PROTECTION ASSURANCE |
| <b>LOS Agreement Number:</b>  |   |
| <b>Date of Retrenchment:</b>  |   |
| <b>Period of Declaration:</b> |   |

**SECTION A: DETAILS OF LIFE ASSURED**

|                  |                      |                 |                      |
|------------------|----------------------|-----------------|----------------------|
| Name of Claimant | <input type="text"/> |                 |                      |
| Date of Birth    | <input type="text"/> | ID. /PP Number: | <input type="text"/> |
| KRA PIN          | <input type="text"/> | Mobile Number:  | <input type="text"/> |
| Email Address    | <input type="text"/> |                 |                      |

**SECTION B: CURRENT EMPLOYMENT DETAILS**

Please confirm your current employment status below:

|                       |                          |                    |                      |
|-----------------------|--------------------------|--------------------|----------------------|
| a) I am Employed      | <input type="checkbox"/> | Name of Employer   | <input type="text"/> |
|                       |                          | Date of Employment | <input type="text"/> |
| b) I am Unemployed    | <input type="checkbox"/> |                    |                      |
| c) I am Self-Employed | <input type="checkbox"/> | Name of Business:  | <input type="text"/> |

**SECTION C: DECLARATION BY THE CLAIMANT**

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

I further declare that the particulars and statements contained in this form are, to the best of my knowledge and believe, true and complete. I agree that if they are found to be false I lose all my rights under the Policy and hereby authorise PRUDENTIAL and any of its representatives to make any enquiries and obtain any information considered relevant to this claim from any company, institution or regulatory body.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D: TO BE COMPLETED BY STANDARD CHARTERED BANK**

|                        |                      |                                |                      |
|------------------------|----------------------|--------------------------------|----------------------|
| Loan Reference Number: | <input type="text"/> | Loan Balance:                  | <input type="text"/> |
| Monthly Installment:   | <input type="text"/> | Date of Last Installment Paid: | <input type="text"/> |
| Contact Person:        | <input type="text"/> |                                |                      |

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

*This form should be completed and returned by latest one week before the end of the Period of Declaration.*

*NB: PRUDENTIAL reserves the right to request for additional information that is necessary to process the claim.*