

**> Certificate of declaration of continued state of unemployment****Instructions :**

1. This declaration must be executed by any customer claiming retrenchment benefits under group credit policy upon notification of the claim. The benefit is payable for nine monthly installments subject to policy terms.
2. First claim must be made 30 days after retrenchment takes effect.
3. Subsequent claim must be made every 2 months via e-mail as indicated above.
4. This form should be submitted via e-mail to : mailto : Insurance.claimsKE@sc.com
5. For further enquiries please call Client Service Lines : +254 203 293 900
+254 703 093 900

> Life Assured Details

Your Full Name	<input type="text"/>				
Date of Birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Age:	<input type="text"/>	Gender:	<input type="text" value="Male"/> Male <input type="text" value="Female"/> Female
Identity card Number	<input type="text"/>	Mobile No.	<input type="text"/>		
Nationality	<input type="text"/>	Pin No.	<input type="text"/>	Nssf No:	<input type="text"/>
Physical Address	<input type="text"/>				
Occupation	<input type="text"/>	Last Employer' name	<input type="text"/>		
Postal Code	<input type="text"/>	Tel No.	<input type="text"/>		
Date of leaving employment	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Reason of leaving employment	<input type="text"/>		
Initial Loan Amount	<input type="text"/>	Loan repayment period	<input type="text"/>	(Months)	
Outstanding loan as at date of leaving employment	<input type="text"/>	Scheduled monthly repayment amount	<input type="text"/>		
Remaining period to complete repaying this loan	<input type="text"/>	What plan do you have in place to resume repayment?	<input type="text"/>		

> Declaration

I, do hereby declare that 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 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 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 _____ on _____ day of _____ 20 _____

Signature of the Customer.

Witness

(Should be a Commissioner of Oaths or Church Minister)