

## FARIJI REVIVAL FORM

This document shall be filled by Life Assureds for revival of Fariji policies. Fields marked with a '\*' are **MANDATORY**.

### 1. DETAILS OF LIFE ASSURED\*

Life Assured Name\*: \_\_\_\_\_  
Policy Number\*: \_\_\_\_\_ ID/Passport Number\*: \_\_\_\_\_  
Email Address\*: \_\_\_\_\_  
Postal Address\*: \_\_\_\_\_ Mobile Number\*: \_\_\_\_\_  
Outstanding Premium Arrears\*: \_\_\_\_\_ Months in Arrears\*: \_\_\_\_\_  
Briefly give a reason for inability to pay premium on the due date\*: \_\_\_\_\_

### 2. LIFE ASSURED DECLARATION\*

I confirm my ownership of the policy as listed above and I'm aware that the above said policy is in arrears for the months stated above. The consequences of non-payment of premiums have been explained to me and I understand that the terms contained in this application for revival will become a part of the policy contract. In consideration of my request for revival, I undertake and agree: -

- a) To revive the policy by paying all outstanding premiums from the date of last premium payment on this policy.
- b) There has been no change in my health and occupation.
- c) That there will be a waiting period of six months commencing the date of reinstatement of this policy during which no claim will be admissible on this policy; in case of such an eventuality, only a refund of premium paid from the date of reinstatement to the date of claim less premiums arrears will be made without interest.
- d) That no claim will be admissible within the lapse period prior to the date of reinstatement of this policy and
- e) That reinstatement of this policy can only happen once in the lifetime of the policy, after which I am expected to pay premiums till the end date of the policy.

I agree that the reinstatement of this policy and the changes contained herein will not become effective until this application is approved by the Company. I confirm that this form has not been filled on my behalf and the details provided herein are true and accurate. I confirm that I have read, understood and agree to be bound by the terms of this declaration.

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

#### 2.1. Witnessed By:

Full Name: \_\_\_\_\_ ID/Passport: \_\_\_\_\_

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

### 3. FOR OFFICIAL BRITAM USE ONLY

I confirm receipt of this application and that the copy of national ID has been attached.

Staff Name: \_\_\_\_\_

Staff Designation: \_\_\_\_\_

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

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

