

POLICYHOLDER REVIVAL FORM R1

The purpose of this document is to enable the policyholder to settle the arrears within three months (In instances where premium arrears cannot be settled in a lumpsum payment). Fields marked with a '*' are **MANDATORY**.

1. DETAILS OF POLICYHOLDER*

Policy Number*: _____ ID/Passport Number*: _____

Policyholder Name*: _____

Outstanding Total Arrears*: _____

2. POLICYHOLDER DECLARATION*

I confirm my ownership of the policy as listed above and I'm aware that the above said policy has lapsed. I understand that the policy can only be reinstated on payment of all the premium arrears and interest (if any) as determined by the company from time to time. I am unable to pay all the arrears as a lump sum and therefore apply for reinstatement of the policy by paying outstanding arrears within the next 3 months as of the date of this declaration.

I understand that:

- i. I will be required to provide proof of insurability as required by the company before paying the first instalment.
- ii. Any policy benefits will not be payable with respect to my above stated policy until full payment of arrears.
- iii. In the event of loss as described in the above stated policy before paying arrears in full, the total amount paid as at the time of loss from the date of signing this form shall be refunded without any interest, and no claim shall be payable other than as per the terms and conditions of the policy.
- iv. Britam Life Assurance Company (K) Ltd. reserves the right to cancel or revise the terms and conditions of this agreement should I fail to pay arrears within the above agreed period of payment.

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.

2.1. Policyholder Approval: *

Signature*: _____ Date*: d d / m m / y y y y

2.2. Witnessed By:

Full Name: _____ ID/Passport: _____

Signature: _____ Date: d d / m m / y y y y

3. FOR OFFICIAL BRITAM USE ONLY

I confirm receipt of this application and that a copy of the national identity card has been attached.

Staff Name: _____

Staff Designation: _____

Signature: _____

Date: _____

