

Lost Policy Declaration Form

Section 1. Policy Details

Policy number(s)

	First Policyholder				Second Policyholder			
Title	Mr	Mrs	Miss	Ms	Mr	Mrs	Miss	Ms
	Other				Other			

Surname (as shown on ID / passport)

First name (as shown on ID / passport)

Date of birth

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Passport or ID card number

Address

(please ensure this matches with
the proof of address provided)

Telephone number
(Include international country code)

Mobile number
(Include international country code)

Email address

Section 2. Policy Status

Loss of policy(ies)

That the said policy(ies) was/were to the best of my/our knowledge and belief last in my/our possession in the year and that it/they has/have since been lost, mislaid or destroyed and that I/we have made a diligent search for it/them but without success.

Non-receipt of policy(ies)

That I/we have not received the original policy(ies) and that I/we have no knowledge of its/their whereabouts.

That the said policy(ies) has/have not, to the best of my/our knowledge and belief, been pledged or otherwise parted with for value or otherwise, to any person or persons whomsoever who has or could have any right to title or claim thereto as against or paramount to my/our/the policyholder(s) title thereto and I/we have not received notice of and am/are not aware of any such claim other than indicated below.

Enter the details of assignment/transfer/trust/change of ownership below:

Section 3. Witness Details

Witness full name

Occupation

Email address

Address

Signature

Date (DD-MM-YYYY)

A solicitor/commissioner for oath/notary public/financial adviser are duly authorised to sign the declaration.

Section 4. Declaration/Data Protection

- I/We are legally entitled to the above mentioned policy(ies) and to the monies assured thereby and can give an effectual discharge for the same by virtue of my/our legal title to the contract.
- I/We make this solemn declaration conscientiously believing the same to be true. In consideration of Providence Life Limited, PCC ("the Company"):
 - issuing replacements for the original policy documents; and/or
 - paying any benefits under the policy to the policyholder,the policyholder/s undertake(s) (jointly and severally) to indemnify the Company and any of its officers against any and all losses, claims, demands and expenses, which may be made by or against the Company or its officers as a result, whether directly or indirectly, of the Company agreeing to issue the Statement of Benefits including, but not limited to, anything arising from or in connection with the Company paying benefits under the policy without the production of the original policy documents or any interest created by them.
- This Deed will be interpreted in accordance with Mauritius Law.
- I/We understand that the personal information that I/We supply may be held and used by the Company in the following ways:
 - To process, evaluate and administer the contracts/Policies/claims;
 - To prevent and detect fraud and financial crime; and
 - To perform accounting, statistical and research activities,
- I/We also understand that to carry out the above the Company may need to pass the information to:
 - Any Providence Group companies, re-insurers, reference agencies, third parties who provide relevant services to the company and my/our relevant financial professional;
 - Countries outside of Mauritius that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
 - Public bodies including the police, or insurers' database; and
 - Any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.
- I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.
- I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.
- I/We confirm that this/these signature/s is/are mine/ours as policyholder(s) or that/those of my/our appointed legal representative(s).
- I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this application.
- I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it necessary to seek clarification regarding any part of the certification.
- I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.
- I/We agree to inform the Company in writing of any change to the information provided in this application. I/We also agree to inform the Company of any change of name, address, etc that may occur during the life of this policy.
- I/We consent to and understand Providence seeking independent verification (if considered necessary) of any information given in this application.
- I/We confirm that I/We have read and agree with the content of the Declaration/Data protection section.

I/We understand that the Group companies, and companies that they become associated with, may share the information so that they can contact me/us by mail/email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

I/We will not be contacted in this way if I/we tick here.

	First Policyholder / Life Assured / Authorised Signatory	Second Policyholder / Life Assured / Authorised Signatory
Signature		
Date (DD-MM-YYYY)	-	-

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