



DUPLICATE POLICY AFFIDAVIT

APPLICATION

I (full names) I.D.
of (full address)
the owner of Policy No effected with Old Mutual on the life of
born on Apply for the issue of a duplicate of the above mentioned policy which will
serve for all purposes as the only evidence of the contract. I request that it be endorsed on this duplicate that no
substitution whether by means of cession, pledge or otherwise of any person who may acquire any right against
Old Mutual in connection with this policy will be valid before Old Mutual has been notified in writing.

AFFIDAVIT

I declare under oath that;

1. I am the owner of the policy in the above application and that no rights in connection with that policy have been ceded or pledged.
2. By signing this affidavit I confirm the above application
3. I have made or caused to be made, proper search for the policy and am unable to find it, OR to the best of my knowledge the policy has been destroyed or stolen under the following circumstances
.....
.....
.....

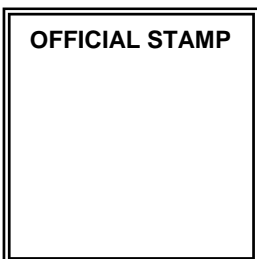
.....
Full name and surname: Deponent

.....
Signature: Deponent

I certify that the Deponent acknowledges that he knows and understands the content of this affidavit, that he has no objection to taking the oath and that he considers the oath to be binding on his conscience.

Sworn and signed before me at : on this day of 20

Commissioner of Oaths/Justice of the Peace:
SIGNATURE



Full Name:.....

Address:.....

.....
Official Title:.....