



NICO LIFE INSURANCE COMPANY LIMITED
P.O. BOX 3044
BLANTYRE

AFFIDAVIT OF DEATH

I, ordinarily known as.....
(name in full and in capital letters)

.....
(address)

make oath and swear as follows:-

1. That.....
(name of deceased in full and in capital letters)

(hereinafter called “The Deceased” who was formerly of.....
.....died on.....
(address) *(date)*

in.....District
(name of district)

2. That he/she died of
(cause of death)

3. That he/she was buried at.....on.....
(place) *(date)*

4. That the deceased was.....
(type of relationship)

I make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths Affirmations and Declarations Act.

Signed.....

Name.....

Signature of witness.....

Name of Witness.....

Sworn at.....this.....day of.....200

NAME.....
(Commissioner for Oaths)

OFFICIAL STAMP: