



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

AFFIDAVIT OF DEATH

I ordinarily known as (Name in full) of
..... (Address)

Make an oath and swear as follows:-

1. That(name of deceased in full)
Hereinafter called "The Deceased" who was formerly of
.....died on

In district.

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

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

On..... (date)

4. That the deceased was(type of relationship)

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

Signed:

Name :

Signature of Witness

Name of Witness

Sworn at this.....day of2014

Name:Commissioner of Oaths

Official Stamp