

TATIL
 *TATIL LIFE ASSURANCE LIMITED
 11A, Maraval Road,
 Port of Spain,
 Trinidad and Tobago, W.I.
 P.O. Box 1004
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 Fax: (868)622-9339 or (868)628-0035
 Web Site: www.tatil.co.tt
 E-Mail: info@tatil.co.tt



**STATUTORY DECLARATION
 AS TO LOSS OF POLICY**

In the matter of Policy No..... for \$..... on the
 life ofeffected with
 Tatil Life Assurance Limited.

I, the undersigned of
 do solemnly and sincerely declare:

1. That I am legally entitled to the above-mentioned policy and to the moneys assured thereby, and to give an effectual discharge for the same.
2. That the said policy was, to the best of my knowledge and belief, last in my possession in the year 20..... that it has since been lost, mislaid or destroyed; and that I made a diligent search for it but without success.
3. That the said policy has not, to the best of my knowledge and belief, been pledged, assigned or otherwise parted with for value or otherwise to any person or persons whomsoever who has or could have any right title of claim thereto as against or paramount to my title thereto, and I have not received notice of and am not aware of any such claim.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of provisions of the Statutory Declarations Act (Chapter 7:04) and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true I am liable to a fine or imprisonment.

Signed this day of 20.....

.....
 Commissioner of Oaths

.....
 Signature of Declarant

.....
 Name of Declarant (**Block Letters**)

.....
 Declarant's Contact Number

N.B.: If the Declarant is different from the Policy Owner, please state the relationship: