

Medlife Insurance Ltd.
Alpha Business Centre
27 Pindarou Street
3rd Floor, Block B
1060 Nicosia
Cyprus

LOST POLICY DECLARATION
(the signature on his form has to be confirmed by a notary)

Policy number: _____

Name of policy owner(s)/beneficiary(-ies): _____

Address: _____

I (we) declare that the above policy has been lost/destroyed. (Please state reason: _____
_____).

As the owner(s)/beneficiary(-ies) (delete as applicable) of the above policy I/we declare that the original document shall be void and no longer binding for Medlife Insurance Ltd.

Further I (we) declare that I (we) have not assigned, mortgaged, pledged or otherwise dealt with the said policy in any way and no person holds a lien on it or may raise a justified claim against Medlife Insurance Ltd. with reference to this policy.

I (we) will compensate Medlife Insurance Ltd. for all damages arising from the fact that insurance payments have been made without delivery of the original policy document, or if the policy that has been declared void, will be delivered by a third person attempting to gain a legal advantage from it.

Date of birth of the insured person(s): _____

Place and date

Signature of the policy owner(s)/the beneficiary/-ies