



APOLLO LIFE
ASSURANCE • LIMITED

Apollo Life... for a Better Life

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APPLICATION FOR COPY OF LOST POLICY

I _____ I/D Card No. _____
(Full name)
of _____
(Full name)

do hereby solemnly and sincerely declare that:

- (1) That Policy No. _____ issued on my life and forwarded to me either through the Agent or by registered mail to my address at _____ has never been received by me.
- (2) That the original of the said policy has been lost and I therefore request that a duplicate of the policy be issued; and
- (3) That in the event the original policy is found, I will return it to the Head Office of Apollo Life Assurance Limited.

Executed this _____ day of _____ 20 _____

Witness sign.

Witness

Life Assured sign.

Life Assured

(Full Name)

Life Assured sign.

Life Assured

(Address)