



**THE JUBILEE INSURANCE COMPANY OF UGANDA LIMITED**

Jubilee Insurance Centre, Parliament Avenue P.O BOX 10234 Kampala, Uganda  
Tel: 0414 311771 Fax 258539/347787 Email [life@jubileeuganda.com](mailto:life@jubileeuganda.com)

**DEATH CLAIM FORM - MTN LIFE CARE**

1. Full name of the deceased \_\_\_\_\_

2. Phone Number of the Deceased \_\_\_\_\_

3. Age at Death \_\_\_\_\_

4. Name of Beneficiary \_\_\_\_\_

5. Beneficiary's Phone Number \_\_\_\_\_

6. Date of death (*day/month/year*) \_\_\_\_\_

7. Cause of death \_\_\_\_\_

8. Place of death \_\_\_\_\_

9. Please attach either of the following documents:

a) Certified copy of Original Death Certificate (*to be certified by an MTN or Jubilee official*) or

b) Original letter of LC1 reporting death.

**DECLARATION**

I declare and state that the foregoing statements are true in substance and in fact.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_