

Quality Claim Form

Policy Loan Partial Withdrawal Maturity Surrender

I hereby
 make an application for of an amount of
 under my policy number

Signature.....Staff Number.....

Address.....

Branch.....

Mobile Number.....

PLEASE INDICATE PAYMENT MODE

1. BANK

Cheque (Open Cheque / Crossed Cheque) Bank Transfer

If bank transfer please give the following details:

Account Name.....

Account Number.....

Bank Name..... Bank Branch.....

2. MOBILE MONEY (personal MOMO number)

Mobile Money Wallet Number.....

Wallet Name.....

Disclaimer: QLAC will not be liable for payments made into wrong MoMo/Bank accounts provided by you.

Kindly attach a valid ID and present same when collecting your cheque in person

Right Thumb Print

PLEASE NOTE

1. Policy document must accompany this form

NB. THIS FORM SHOULD BE VETTED BY THE BRANCH MANAGER.

VETTED BY.....

SIGNATURE: DATE.....