

MARITIME LIFE (CARIBBEAN) LIMITED
 P.O. Box 710, Port of Spain, TRINIDAD

STATEMENT OF IDENTITY

(To be completed by a responsible person who was well acquainted with but not related to the Deceased, is not interested in the claim but who has seen the body)

1.	Name of the deceased in full
2.	Residence
3.	Age
4.	Occupation
5.	How long had you known the deceased?.....
6.	Have you seen the body? YES () NO ()
7.	Do you know that the body seen was that of the above-named person, named by you as the deceased? YES () NO ()
8.	Date of Death
9.	Date of Burial
10.	Place of Burial

I hereby declare that the foregoing answers are complete and true to the best of my knowledge and belief, and that I have withheld no material fact from the Company.

STATEMENT OF WITNESS

Signature

Occupation

Address

.....

I declare that the person who
 Subscribed his/her Signature
 did so in my presence and is
 known to me.

WITNESS

Address

.....

DATED: