



HNB ASSURANCE PLC
Level 03, Iceland Business Center, No. 30, Sri Uttarananda Mawatha,
Colombo 03.
Tel: 011 4 713 802 Help Line: 011 4 384 384
Fax: 011 4 677 902 E-Mail: info@hnbassurance.com
Web: www.hnbassurance.com

LSDOC014

Affidavit for Loss of Lanka Medilink Membership card

I.....
of..... do hereby
solemnly, sincerely and truly declare as follows:

- 01. That I am the affirm of above named:
- 02. That the lanka medilink membership card number for Medical Reimbursement Benefit provided with Life policy issued by the HNB Assurance PLC numbered and dated whereby the sum of LKR was assured and made payable to me or my executors, administrators or assigns has to the best of my knowledge been
- 03. That I have made a diligent search for the said card which cannot be traced;
- 04. That I have never been bankrupt or insolvent, that I have not assigned or attempted or agreed to mortgage , charge or encumber the said card or the money assured thereby; and
- 05. That I make this solemn declaration conscientiously believing the same to be true.

Dated this day of 20.....

On LKR 50.00 Stamp

.....
Signature of Declarant / Assured

WITNESSES _____

SIGNATURE :

NAME :

ADDRESS :

Signed before me

At

This.....day

of20.....

Justice of the Peace.