



DECLARATION FOR LATE SUBMISSION OF A CLAIM

NAME & SURNAME :
ID PASSPORT NO :
RESIDENTIAL ADDRESS :
TELEPHONE NUMBERS :

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CLAIMANT'S NAME CLAIMANT'S SIGNATURE DATE

I certify that this declaration has been signed and sworn/affirmed before me at
thisday of200.....

Commissioner of Oath

Full Name :
Business Address :
Designation :
Office held if appointment if ex-offio: