LIBERTY

Liberty Life Insurance Zambia Limited
Reg No. 120485
Ist Floor, Kwacha Pension House, Stand 4604, Tito Road
Lusaka, Zambia
P.O. Box 35139, Lusaka. 10101
t +260 211255536 **f** +260 211255537
w www.liberty.co.zm

Certificate of Continued Disability

Policy numbers

Life assured's name

Address

PLEASE COMPLETE ALL QUESTIONS

DECLARATION

I, the undersigned, declare that:

I reside at the above address.	☐ Yes	☐ No
I am unable to earn any income due to my disability.	☐ Yes	☐ No
I am not earning any income from any other sources.	☐ Yes	☐ No

DISABILITY DETAILS

Physical impairments:

Functions I cannot perform

DOCTOR LAST CONSULTED REGARDING DISABILITY

Name

Telephone number

Signed at

Signature

Date D D - M M - Y Y Y Y

DOCTOR'S DETAILS

TO BE COMPLETED BY TREATING SPECIALIST

Date the client was last seen for this condition D D - M M - Y Y Y Y

Current symptoms

Current treatment

When was the client last actively able to work? D D - M M - Y Y Y Y

Doctor's name

Qualifications

Signature

Date D D - M M - Y Y Y Y

ADVICE INSURE INVEST HEALTH