

**Life Insurance Corporation (International) B S C (C)**

**BAHRAIN.**

**CERTIFICATE BY EMPLOYER**

In connection with the claim under Policy No.....

on the life of Mr. / Mrs.....

I hereby by make the following statement :

- 1. (a) Name in full : .....
- (b) Address of deceased : .....
- (c) Nature of employment : .....
- (d) Date of joining service : .....

- 2. (a) Date on which deceased last attended duties : .....
- (b) (i) on what date did deceased first complain of illness which caused his immediate absence before death and  
(ii) Symptoms complained of : .....
- (c) Date of death : .....
- (a) Who informed you of the death of the deceased : .....
- (b) Approximate age of deceased at death : .....

3.	Record of absence from duty during the period from .....	Date of leave	Nature of leave	Grounds on which leave sought for	Whether Medical Certificate produced
	To.....	From To	Earned leave or Sick Leave	_____	_____

.....  
 .....  
 .....

(N.B. If on grounds of health, please state whether medical certificate was produced and if so, send copies of leave applications and certificates).

4. Is there any Medical Benefit Scheme for .....  
the employees in your office? If so, .....  
kindly give the particulars of the illness .....  
and treatment for which disbursements .....  
were made under the Scheme to the .....  
deceased during the period from .....  
.....

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Signature of Employer .....  
Designation : .....  
Address : .....  
.....  
.....

Signature of  
Witness : .....  
Name : .....  
Designation : .....  
Address : .....

(Company seal)