



SONARWA Life

SONARWA LIFE ASSURANCE COMPANY LIMITED

WORKERS PROTECTION PACKAGE

BENEFICIARIES NOMINATION FORM

Institution: [RWANDAIR](#)

Policy Number: [G0061500](#)

1. Names of assured:

2. Date of Birth:

Beneficiaries

First name and surname	Relationship with the assured	share(%)
1.		
2.		
3.		
4.		
5.		

By this form, I nominate the above people as beneficiaries of my death benefits (see the back of this certificate) granted in limit and conditions of our group life policy.

If there isn't any survivor, at the date of my death, the benefits (sum assured) will be paid according to the succession rights.

It is convened that I have right to change the above beneficiaries at any time during the period of cover.

Signature of member assured:

Date: