



**KNIGHTS OF COLUMBUS FRATERNAL
ASSOCIATION OF THE PHILIPPINES, INC.**

P. O. BOX 510 CPO, Manila

**Telephone (02) 527-22-23 loc. 110 to 113; Telefax 527-22-41
Text/SMS: (0917) 825-56-32; E-mail: bcservices@kofc.org.ph**

AFFIDAVIT ON LOSS OF BENEFIT CERTIFICATE

That I, _____ of _____
_____ the person described in
and having interest in Benefit Certificate No. _____ in the sum of
(P _____) issued by the KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION
OF THE PHILS., INC., (KCFAPI), do hereby request the said Association to cancel and to
declare the said benefit certificate null and void, and to issue a duplicate of the original which
was destroyed, lost, or mislaid.

I hereby declare that my interest in the said benefit certificate has not been sold
assigned or transferred to any person, company, association or corporation and that absolute
title, complete interest or full benefits in said certificate remain in me.

Because of my request and upon my agreement to give the following covenant of
Indemnity, the KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILS., INC.
(KCFAPI) agreed to issue a duplicate and to cancel the original of the said certificate.

NOW, THEREFORE, in consideration of the premises, I agree to release forever and to
discharge absolutely KCFAPI, its successors or assigns, from liability, claim and demand
thereon, or in anywise in connection therewith; and further agree to indemnify and to save
harmless the said Association, its successors or assigns, from all actions, causes or action,
claims and demands by reason of or growing out of any interest in said original benefit
certificate or any assignment thereof:

INSURED

BENEFICIARY or ASSIGNEE

Signed in the presence of:

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

SUBSCRIBED AND SWORN TO before me this _____ day of _____
200____, in the City of _____ affiant(s) exhibiting to me his/her/their residence certificates
as follows:

NAME	RES. CERT. NO.	DATE & PLACE OF ISSUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTARY PUBLIC

Doc No. _____
Page No. _____
Book No. _____
Series of: _____