

Application form for archive investigation by SIVS

Name of applicant:	M / F
Applicant address:	
Zip code:	
City:	
Telephone number:	
Email address:	

Hereby requests to research for life insurance policies on the name of:

Full first names and surname of the person in question:
Date and place of birth of the person in question:
Date and place of death of the person in question:
Name of the spouse of the person in question
Date and place of birth:
Date and place of death:
Last known address(es):

Details in relation to the life insurance:

Name of insurer(s):
Policy number(s):
What is your relation with the person in question?

By means of this application the undersigned authorises SIVS to review relevant information on the person in question in the archives.

Applicant's signature:

Date:

(A separate application form must be submitted per person)

Send/email/fax this form to:

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