

# Acknowledge of Debt Form

PLEASE USE BLOCK LETTERS

Insured name:	
Claim No.:	Date of loss:

I	ID number:	do hereby
declare and acknowledge that I am truly and lawfully indebted to Zimnat General Insurance Company Limited in the sum of		
\$		being cost of repairs to
Vehicle make:	Registration number:	
Business address:		
Residential address:		
Business tel number:	Residential tel number:	

I undertake to repay the said debt to Zimnat General Insurance Company Limited upon the following terms and conditions:-

1	Installments of \$	shall be paid on or before the first day
	of each and every month until the said debt has been full paid.	

2	The first installment to be paid on or before the	day of	20
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3 FAILURE TO DO SO INTEREST OF NOT LESS THAN 52% PER ANNUM WILL BE ADDED ON TO THE BALANCE OWED.

This done and signed at	on the	day of	20
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**Debtor's**

Surname:	First name:
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Signature:
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**Next of Kin**

Surname:	First name:
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Business address:
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Residential address:
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Business tel number:	Residential tel number:
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**1st Witness**

Surname:	First name:
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Signature:
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**2nd Witness**

Surname:	First name:
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Signature:
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