



**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](mailto: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**

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