

Indemnity Discharge Form

Business Interruption Insurance

Insured Name

Policy Number

Claim Reference Number

Loss Date

Declaration

I/We, the undersigned, hereby acknowledge receipt from (the "Insurer") of

the sum of in full and final settlement of my/our claim in respect of the loss or interruption as stated above under the aforementioned policy of insurance, and hereby discharge the Insurer from all further liability whatsoever in respect of this claim and all consequences arising therefrom.

I/We further declare that no other person, firm, or insurer has any interest in the said loss, and that I/we have not received any other indemnity or compensation in respect thereof.

Any Other Remarks (if any):

Signature of Insured/Authorized Signatory

Date:

For and on behalf of Insurer

Date: