

Certificate of Insurance

For life insurance premiums paid in respect of husband/wife/civil partner during previous tax year on policies taken out before 13 March 1984.

To be filled in by the parent/spouse/civil partner/co-habitee

Student's name: _____

University: _____

Parent/spouse/civil partner/co-habitee's name: _____

To be filled in by the insurance company to which premiums are paid.

I certify that the premiums shown below have been paid by

Name:			
Address:			
Life assured (name):	Policy no:	Date policy taken out *:	Gross amount of annual premium payable: £

* Taken out on or before 13 March 1984

Signed:

Designation of signatory:

Company:

Date:

Please return this form to:

**Scottish Social Services Council, Disbursements Team,
Compass House, 11 Riverside Drive, Dundee DD1 4NY**

**Please use
official
company
stamp or
attach letter
headed paper**