

Signature/Thumb impression of Witness*

Signature / Thumb Impression of the Insured Member

Name & Address _____

Occupation _____

Date & Place: _____

* Witness Signature, Address and Occupation is along with signature of Insured Member

Declaration to be made by a 3rd person where: a) The insured member has affixed his/her thumb impression; OR b) The insured member has signed in vernacular; OR c) The insured member has not filled the application.

I hereby declare that I have explained the contents of this application form to the insured member in _____ language and have truthfully recorded the answers provided to me. I further declare that the insured member has signed/affixed his/ her thumb impression in my presence.

Name and address of Declarant _____

Signature of the Declarant

Declaration made by life to be assured: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of life to be assured