

I further declare and agree that the above policy shall be null and void, if this declaration is untrue.

Dated this day of 200

Witness :

Signature

(In English only)

Designation :

*Signature or thumb impression of the
Policy holder

Address :

My present occupation is and I have no intention of changing my occupation in the near future.

I hold the following policy/policies and have placed the following fresh proposal for assurance

- * If any proposal on your life with Accident Benefit under consideration with this or any other office of Corporation, please state particulars, viz the name of the office, proposals number and the amount of such proposal/also alongwith particulars existing of policies.
- * The term insurer used herein includes a General Insurance Corporation also doing accident business.
- * Please state any disease, physical defect or infirmity whether considered by you to be important or not.
- * If the policy holder has filled in this form in any language other than English he should further declare in his own language above his own signature that all the question were explained to him and his replies were given after fully and properly understanding the same.
- * In case the policy holder is illiterate the following declaration should be made by the person filling the form :-

"I herby declare that I have fully explained the above questions to the policyholder and I have truthfully recorded the answers given by the policyholder.