



Specimen Signature

Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

Specify request type : (Revival, ECS/SI/CC, Add Change, Name Change, Nomination Change, Mode Change, Bonus Change, Assignment, Surrender, Loan, Others _____)

POLICY DETAILS

Name of the Life Assured*: _____

Age: _____

Name of the Policy Owner*: _____

Age: _____

Policy No.*: _____

SPECIMEN SIGNATURES

I give below the specimen of the various(different) types of signature that I use. I certify that I do not use any other signatures other than these.

1)

3)

2)

4)

Date:

D	D	M	M	Y	Y	Y	Y
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Yours Sincerely,

(Signature of the Life Assured / Proposer)

COUNTER SIGNATURE

I certify that the above client has, in front of me, signed the above signatures.

Signature of
the Official:

Name: _____

Address: _____

Note*: The Client's signatures are to be countersigned by a Bank official affixing the bank seal.

POS/SSF/JAN 2022/VER 2.3



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