

DUAL SIGNATURE DECLARATION (DSD)

Policy Number																Date	D	D	M	M	Y	Y	Y	Y
Name of Policyholder (Proposer)	Salutation		First Name										Surname											
Contact No.	STD		Residence										ISD		Mobile									
	STD		Office										Extn.											
E-mail ID (Personal)																								
(Official)																								

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The contact details mentioned above will be updated for all future communication)

TO BE USED AT NEW BUSINESS

Plan Name																		
Agent Name																		
Code																		

DIFFERENT STYLE OF SIGNATURES

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Declaration:

☐ I hereby declare that the above are my specimen signatures in different styles.

☐ The cheque submitted for the premium payment is from my individual account and is not a third party cheque.

☐ The documents submitted for proposal processing / service request are my own and self attested by me.

(Signature of Life Assured / Policy Holder)

FOR OFFICE USE ONLY

I, as undersigned below witness the dual signature declaration.

GC official Name																Employee ID			
Designation																Signature			

ACKNOWLEDGEMENT

This is to acknowledge the receipt of dual signature declaration.

Policy No																		
CLS ID																		
Date	D	D	M	M	Y	Y	Y	Y										

GC Stamp

Note: You now have an option of receiving payments, if any, under your policy through electronic fund transfer. Please update your bank account details with us. To know more in this regard you may contact at any service points given above.