

## Name declaration for Juvenile

(To be filled in by the Proposer)

Name of the Life Insured:	
Application Number:	

"I \_\_\_\_\_, (Applicant's name) hereby declare that the submitted hospital discharge card/  
Municipality certificate pertains to my child \_\_\_\_\_

Place : \_\_\_\_\_ Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Declarant

Place: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Insured

\* Applicable only to life assured (age=< 5 yrs) wherein age proof does not bear name.