

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.