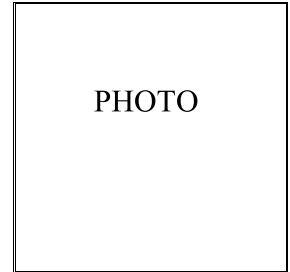


PROPOSAL FORM FOR LIC's JEEVAN RAKSHAK (UIN: 512N289V01)

(ON OWN LIFE)

(This form is not to be used for proposals on the lives of minors)

Inward No.	Date



<p>To be filled in by agent</p> <p>Divisional Office Branch Office DO/CLIA Code No</p> <p>_____</p> <p>Agent's / FSE's/DSE's /Sup Agent's Name: _____</p> <p>Agent's /FSE's/DSE's /Sup. Agent's Code No License No Date of expiry</p> <p>-----</p>	<p>FOR OFFICE USE ONLY :</p> <p>Proposal no :</p> <p>Amt. of Deposit :</p> <p>B.O.C No:</p> <p>Date :</p>
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(All answers to be filled in legibly. Answers must be given in words. Stroke of the pen or dot or dashes will not be accepted as replies).

<p>1. A) Name the proposer in full (IN BLOCK LETTERS)</p> <p align="center">(First Name) (Middle Name) (Surname)</p> <p>Mr/Mrs/Miss..... B) Sex: (M/F)</p> <p>C) Address for correspondence.....</p> <p align="center">.....</p> <p>D) Residential Address, if different from above.....</p> <p align="center">.....</p> <p>E) Tel.No. (STD code): Res: Off: Mobile:</p>
<p>2. Plan & Term:..... Sum Proposed (Rs.):..... Amount of deposit:.....BOC No & Date.....</p> <p>Mode (Yly, Hly, Qly, Mly or SSS)</p> <p>If Policy is to be dated back, indicate date:.....</p> <p>Accident Benefit Sum Proposed (if required)(Rs.):.....</p> <p>Total Accident Benefit Sum Assured under all previous policies:</p>

3. Date of birth.....Age (nearer birthday)....., Place of Birth.....Nationality.....

Nature of Age proof submitted.....

4. Nominee's full name (Surname first) and address IN BLOCK LETTERS).....

Age..... Relationship to yourself.....

If Nominee is a minor, appointee's full name and address

Age..... Relationship to nominee.....Signature of appointee as token of consent

5. Present Occupation.....Name of the Employer.....Nature of duties.....

Educational Qualification..... Annual Income.....

6. Has a proposal on your life or an application for revival of a policy on your life made to this or any other Office of the Corporation ever been

i) Withdrawn, Deferred, Dropped, Declined?-Yes / No, if yes, give details.....

ii) Accepted with extra premium or Lien?-Yes /No....., if yes, give details.....

iii) Accepted on modified terms? -Yes /No....., if yes, give details.....

7. Please give details of your previous insurance under this plan:

Sr. No.	Policy No.	Table & Term	Basic Sum Assured *	Date of Commencement	Whether inforce for full Sum Assured	If not give due date of last premium paid or date of surrender

(* – The total Sum Assured under all policies (including Basic Sum Assured under this proposal) of an individual under this plan is Rs. 2 lacs only.

8. Health Details of the Life Assured

A) Height-----cms Weight.....kgs

B) Do you or have you ever used-

i) Alcoholic drinks -Yes /No

ii) Narcotics -Yes / No

iii) Any other drugs-Yes/No.....

iv) Tobacco in any form-Yes / No.....

If yes, frequency/quantity consumed /day.....

If reply to any of the Questions from ‘C’ to ‘H’ below is “yes”, please give full details. If space is inadequate, use separate sheet

C) During the last five years did you ever consult a Medical Practitioner for any ailment requiring treatment for more than a week -Yes / No

D) Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition other than for minor coughs, cold, flu, typhoid? -Yes / No

E) (i) Did you ever have any accident or injury? Yes /No

(ii) Have you ever had an Electrocardiogram, X-ray or screening, Blood, Urine or stool examination? Yes /No

(iii) Have you ever been admitted to any hospital nursing home for general check -up, observation, treatment or operation?-Yes /No

F) Do you have any congenital defect, physical deformity or handicap? Yes /No

G) Have you currently been advised to undergo any medical investigation or are you awaiting results of any investigation (other than routine health check) at this point-Yes/No

H) Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? Please tick to indicate presence of any of the following conditions.

Hypertension / high blood pressure -Yes/No	Diabetes/High blood sugar/sugar in urine-Yes / no
Cancer, Leprosy, rheumatism, tumor, growth or cyst of any kind -Yes /No	Chest pain/heart attack or any other heart disease/problem -Yes /No
Cancer, tumor, growth or cyst of any kind, Leprosy, rheumatism -Yes /No	Tuberculosis or any other lung disorder-Yes/No
Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goitre, gonorrhoea, syphilis, or any other venereal disease-Yes/No	Any disease of the ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears-Yes/No
Any problems of digestive system like ulcer, colitis, etc -Yes/No	Liver or gall bladder problems/jaundice/Hepatitis B or C / Stomach/ pancreas/spleen- Yes/No
Any blood disorder (e.g. Haemophilia, thalassaemia) -Yes/No	HIV Infection/AIDS or positive test for HIV- Yes/No
Nervous, psychiatric, mental disorder or any other disease of brain-Yes/No	Stroke / paralysis/ epilepsy/ fits of any kind- Yes/No

9. FOR FEMALE APPLICANTS ONLY:

Date of last menstruation----- Date of Last Delivery-----

Have you ever had any abortion or miscarriage or ceasarian section, if yes, give details.....

Have you suffered from any gynecological problem or illness related to breasts, uterus or ovary? If yes, give

details.

Are you pregnant now?

10. Are you at present in good health?

11. Have you understood fully the terms & conditions of the plan you propose to take?

12. Please provide the following information to help us serve you better.

a. Bank Account details:

b. Type of Account-Saving / Current:

c. 9 Digit MICR:

d. Name and Address of your bank:

e. IFS Code:

f. RTGS Code :

g. Name of Repository and electronic Insurance Account No. (if you have this account):

Name of Repository:

electronic Insurance Account No.:

13. Attach a photocopy of cancelled cheque with the form.

DECLARATION BY THE PROPOSER (Life to be assured)

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the forgoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India. I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in the occupation of the life to be assured or any adverse circumstances connected with the financial position or general health of the life to be assured or that of any members of family of the life to be assured occurs or (ii) if a proposal for assurance or any application for revival of a policy on the life to be assured made to any office of the Corporation has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. And if any such omission on my part or any untrue averment contained therein is established by the Corporation in accordance with Section 45 of the Insurance Act, 1938, the said contract shall be absolutely null and void and all claims to any benefit in virtue hereof shall cease immediately by paying the Surrender Value.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agrees that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation. I authorize LIC of India to take my personal details of Aadhaar from the Unique

Identification Authority of India (UIDAI) / National Population Register (NPR)

Dated at on theday of20

Signature of witness Signature/Thumb impression of the life to be assured.....

Name & Address (of Witness) Name of the life to be assured

.....

1. Declaration by the person filling in the form (in case form is filled up / signed in a language different from that of the proposal form)
“I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the Proposer.”

Name of the Declarant

.....

Address of the Declarant

.....
.....
.....

.....

(Signature of the Declarant)

I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and Occupation) Mr./Mrs. _____ and I have understood the significance of the proposed contract.

.....

(Signature or thumb impression of the proposer)

2. In case the proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

“I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in language and that the proposer has affixed his/her thumb impression above after fully understanding the contents thereof.”

Name of the Declarant

.....

Address of the Declarant

.....
.....
.....

.....

Signature

SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938

No policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that statement was false or that it suppressed facts which it was material to disclose.

Note: "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

INSURANCE ACT 1938 UNDER SECTION 41

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the Premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission with a policy of life insurance taken out by himself on his own life shall not be deemed to acceptance of a rebate of premium within the meaning of sub-section if at any time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.
- 2) Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

AGENT'S CONFIDENTIAL REPORT FOR LIC'S JEEVAN RAKSHAK PLAN (UIN: 512N289V01)

Divisional office.....Branch Code No..... Proposal No.....

Name of the agent..... Agency Code No.....License No

and Date of license expiry.....

Name of the proposer.....Age.....Occupation.....Annual Income.....

1. Give marks of identification.....
2. How long have you known the proposer?.....
3. Does he appear to be of the age stated in the proposal?.....
4. Does he/she appear to be in good health and free from any disease / deformity?.....
5. Height of the proposer.....cms Weight of the proposer.....kgs
6. Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation, hospitalisation or medical investigations, if yes give details.....
7. Are you aware of anything in the occupation, financial or social position of the proposer, his /her personal habits or any other circumstances which are likely to add to the risk?.....
8. Do you recommend acceptance of the proposal?.....
9. Have you explained fully the terms and conditions of the plan to the proposer?.....
10. Are you satisfied that the life proposed and /or proposer is not connected with any terrorist activities?.....

I hereby declare that the foregoing statements are true to the best of my belief.

Dated at.....

Date.....

Signature of Agent

(To be completed by the DO/CLIA/SBA/ABM/BM/Sr. BM)

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and behalf.

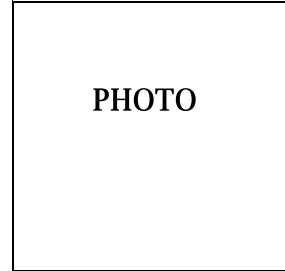
Dated at.....Date.....

Name & Designation/Standing (No. of years)

Signature

PROPOSAL FORM FOR LIC's JEEVAN RAKSHAK (UIN: 512N289V01)
(ON THE LIFE OF ANOTHER PERSON)
(This form is to be used for proposals on the lives of both Minors and Adults)

Inward No.	Date



<p>To be filled in by agent</p> <p>Divisional Office Branch Office DO/CLIA Code No</p> <p>_____</p> <p>Agent's / FSE's/DSE's /Sup Agent's Name: _____</p> <p>Agent's /FSE's/DSE's /Sup. Agent's Code No License No Date of expiry</p> <p>_____</p>	<p>FOR OFFICE USE ONLY :</p> <p>Proposal no :</p> <p>Amt. of Deposit :</p> <p>B.O.C No:</p> <p>Date :</p>
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(All answers to be filled in legibly. Answers must be given in words. Stroke of the pen or dot or dashes will not be accepted as replies).

<p>1. A) Name the proposer in full (IN BLOCK LETTERS)</p> <p align="center">(First Name) (Middle Name) (Surname)</p> <p>Mr/Mrs/Miss..... B) Sex: (M/F)</p> <p>C) Address for correspondence.....</p> <p align="center">.....</p> <p>D) Residential Address, if different from above.....</p> <p align="center">.....</p> <p>E) Tel.No. (STD code): Res: Off: Mobile:</p> <p>F) Occupation:</p>
<p>2. Full Name of the Life to be Assured (IN BLOCK LETTERS).</p> <p align="center">(First Name) (Middle Name) (Surname)</p> <p>Mr/Mrs/Miss.....</p>

Mode (Yly, Hly, Qly, Mly or SSS)

If Policy is to be dated back, indicate date:.....

3. Plan & Term:.....Sum Proposed(Rs.):.....Amount of deposit:.....BOC No & Date.....
Accident Benefit Sum Proposed (if required)(Rs.):.....

4. Date of birth.....Age (nearer birthday).....

Place of Birth.....Nationality..... Nature of Age proof submitted.....

5. A) Present Occupation of the life to be assured.....

B) Standard in which studying.....

6. Has a proposal on your life or an application for revival of a policy on your life made to this or any other Office of the Corporation ever been

i) Withdrawn, Deferred, Dropped, Declined?- Yes / No....., if yes, give details.....

ii) Accepted with extra premium or Lien?-Yes /No....., if yes, give details.....

iii) Accepted on modified terms? -Yes /No....., if yes, give details.....

7. Please give details of your previous insurance under this plan:

Sr. No.	Policy No.	Table & Term	Basic Sum Assured *	Date of Commencement	Whether inforce for full Sum Assured	If not give due date of last premium paid or date of surrender

(* - The total Sum Assured under all policies (including Basic Sum Assured under this proposal) of an individual under this plan is Rs. 2 lacs only.

8. Health Details of the Life Assured

A) Height-----cms Weight.....kgs

B) Do you or have you ever used-

i) Alcoholic drinks -Yes /No

ii) Narcotics -Yes / No

iii) Any other drugs-Yes/No

iv) Tobacco in any form-Yes / No

If yes, frequency/quantity consumed /day.....

If reply to any of the Questions from ‘C’ to ‘H’ below is “yes”, please give full details. If space is inadequate, use separate sheet

C) During the last five years did you ever consult a Medical Practitioner for any ailment requiring treatment for more than a week -Yes / No

D) Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition other than for minor coughs, cold, flu, typhoid? -Yes / No

E) (i) Did you ever have any accident or injury? Yes /No

(ii) Have you ever had an Electrocardiogram, X-ray or screening, Blood, Urine or stool examination? Yes /No

(iii) Have you ever been admitted to any hospital nursing home for general check -up, observation, treatment or operation?-Yes /No

F) Do you have any congenital defect, physical deformity or handicap? Yes /No

G)Have you currently been advised to undergo any medical investigation or are you awaiting results of any investigation (other than routine health check) at this point-Yes/No

H) Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? Please tick to indicate presence of any of the following conditions:

Hypertension / high blood pressure -Yes/No	Diabetes/High blood sugar/sugar in urine-Yes / no
Cancer, tumor, growth or cyst of any kind, Leprosy, rheumatism -Yes /No	Chest pain/heart attack or any other heart disease/problem -Yes /No
Kidney problems or disease of the reproductive organs-Yes/No	Tuberculosis or any other lung disorder-Yes/No
Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goitre, gonorrhoea, syphilis, or any other venereal disease-Yes/No	Any disease of the ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears-Yes/No
Any problems of digestive system like ulcer, colitis, etc -Yes/No	Liver or gall bladder problems/jaundice/Hepatitis B or C / Stomach/ pancreas/spleen- Yes/No
Any blood disorder (e.g. Haemophilia, thalassaemia) -Yes/No	HIV Infection/AIDS or positive test for HIV- Yes/No
Nervous, psychiatric, mental disorder or any other disease of brain-Yes/No	Stroke / paralysis/ epilepsy/ fits of any kind- Yes/No

9. FOR FEMALE APPLICANTS ONLY:

Date of last menstruation----- Date of Last Delivery-----

Have you ever had any abortion or miscarriage or ceasarian section, if yes, give details.....

Have you suffered from any gynecological problem or illness related to breasts, uterus or ovary? If yes, give details.

Are you pregnant now?

10. Are you at present in good health?

11. Have you understood fully the terms & conditions of the plan you propose to take?

12. Please provide the following information to help us serve you better.

- a. Bank Account details:
- b. Type of Account-Saving / Current:
- c. 9 Digit MICR:
- d. Name and Address of your bank:
- e. IFS Code:
- f. RTGS Code:
- g. Name of Repository and electronic Insurance Account No. (if you have this account):

Name of Repository:

electronic Insurance Account No.:

13. Attach a photocopy of cancelled cheque with the form.

DECLARATION BY THE LIFE ASSURED / PROPOSER IF THE LIFE TO BE ASSURED IS A MINOR

I _____ (name of the Life Assured, if major / proposer if the Life Assured is a minor) do hereby declare that the statements and answers under heading 7 to 12 of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment contained therein is established by the Corporation in accordance with Section 45 of the Insurance Act, 1938, the said contract shall be absolutely null and void and all claims to any benefit in virtue hereof shall cease immediately by paying the Surrender Value.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agrees that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation.

Dated at on theday of20

Signature of WitnessSignature or Thumb impression of the life to be assured.....

Name and address of Witness

.....
.....
.....

Signature of the Proposer (if the life assured is Minor).....

DECLARATION BY THE PROPOSER

I _____ (name of the proposer) do hereby declare that the statements and answers under heading 1 to 6 of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration along with the statements made by the life to be assured under heading 7 to 12 of the proposal form and declaration relative thereto shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India. I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in the occupation of the life to be assured or any adverse circumstances connected with the financial position or general health of the life to be assured or that of any members of family of the life to be assured occurs or (ii) if a proposal for assurance or any application for revival of a policy on the life to be assured made to any office of the Corporation has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. However, if any such omission on my part or any untrue averment contained therein is established by the Corporation in accordance with Section 45 of the Insurance Act, 1938, the said contract shall be absolutely null and void and all claims to any benefit in virtue hereof shall cease immediately by paying the Surrender Value.

I authorize LIC of India to take my personal details of Aadhaar from the Unique Identification Authority of India (UIDAI) / National Population Register (NPR)

Dated at on theday of20

Signature of witness

Signature or thumb impression of the Proposer

Name and address of witness

.....
.....

1. Declaration by the person filling in the form (in case form is filled up / signed in a language different from that of the proposal form)

“I hereby declare that I have fully explained the above questions to the proposer / Life Assured and I have truthfully recorded the answers given by the Proposer / Life Assured.”

Name of the Declarant

.....

Address of the Declarant

.....
.....
.....

.....

(Signature of the Declarant)

I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and Occupation) Mr./Mrs. _____ and I have understood the significance of the proposed contract.

.....

(Signature or thumb impression of the proposer)

2. In case the proposer and / or Life Assured is / are illiterate the thumb impression of the proposer / Life Assured should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

“I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer / Life Assured in language and that the proposer / Life Assured has affixed his/her thumb impression above after fully understanding the contents thereof.”

Name of the Declarant

.....

Address of the Declarant

.....

.....

.....

Signature

.....

SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938

No policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that statement was false or that it suppressed facts which it was material to disclose.

Note: “Material” shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

INSURANCE ACT 1938 UNDER SECTION 41

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the Premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission with a policy of life insurance taken out by himself on his own life shall not be deemed to acceptance of a rebate of premium within the meaning of sub-section if at any time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.

2) Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

AGENT'S CONFIDENTIAL REPORT FOR LIC's JEEVAN RAKSHAK PLAN (UIN: 512N289V01)

Divisional office.....Branch Code No..... Proposal No.....

Name of the agent..... Agency Code No.....License No.

and Date of license expiry.....

Name of the proposer.....Age.....Occupation.....Annual Income.....

1. Give marks of identification.....
2. How long have you known the proposer?.....
3. Does he appear to be of the age stated in the proposal?.....
4. Does he/she appear to be in good health and free from any disease / deformity?.....
5. Height of the proposer.....cms Weight of the proposer.....kgs
6. Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation , hospitalisation or medical investigations?.....
7. Are you aware of anything in the occupation, financial or social position of the proposer, his /her personal habits or any other circumstances which are likely to add to the risk?.....
8. Do you recommend acceptance of the proposal?.....
9. Have you explained fully the terms and conditions of the plan to the proposer?.....
10. Are you satisfied that the life proposed and /or proposer is not connected with any terrorist activities?.....

I hereby declare that the foregoing statements are true to the best of my belief.

Dated at.....

Date.....

Signature of agent

(To be completed by the DO/CLIA/SBA/ABM/BM/Sr. BM)

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and behalf.

Dated at.....Date.....

Name & Designation/Standing (No. of years)

Signature