



# 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 \_\_\_\_\_)

<b>POLICY DETAILS</b>	Name of the Life Assured*:	<input type="text"/>	Age:	<input type="text"/>
	Name of the Policy Owner*:	<input type="text"/>	Age:	<input type="text"/>
	Contract No.*:	<input type="text"/>		

<b>SPECIMEN SIGNATURES</b>	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)	<input type="text"/>	3)	<input type="text"/>
	2)	<input type="text"/>	4)	<input type="text"/>
	Date:	<input type="text"/>	Yours Sincerely, <input type="text"/> (Signature of the Life Assured / Proposer)	

<b>COUNTER SIGNATURE</b>	I certify that the above client has, in front of me, signed the above signatures.	
	Signature of the Official:	<input type="text"/> Name: _____ Address: _____ _____ _____
	<p><b>Note:</b> The client's signatures are to be countersigned by an Official of Exide Life Insurance Company Limited of the post of Relationship Manager or above / a Bank Manager / a Notary / a Gazetted Officer.)</p>	

POS/SSF/Version 2.0