

10		State full name and address of an Indian National permanently residing in India to whom the policy may be despatched.	
11		Date of your leaving India / Date you left India (current visit)	
12		If you are a student state the nature and full details of your studies	

I hereby declare that the foregoing statements and answers are true in every respect and I am agreeable for treating this as part of the original Proposal Form. I am also aware that claims of any nature arising under the policy will be settled in Indian currency in India only. I have taken note of the restrictions applicable as given in the enclosed annexure.

Dated atthisday of200 .

Witness:

Signature:

Name:

Signature of the life to be Assured

Address:

Designation:.....

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.