Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Certificate of Existence

Instructions For Filling Up The Form

1. Please answer all questions. 2. Please tick the box☐where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Stroke of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. The proposer must sign on each page. 9. KYC documents of Policy Holder and witness will be required.

Policy Related Details

a) Policy Number: _____ Date: _____

b) Life Assured's Name: _____

c) Policy Holder's Name: _____

d) Mobile: _____ e) Alternate No: _____ f) Email: _____

g) PAN No: _____ h) Aadhaar No.: _____

I _____ (Name of Attesting Authority) hereby certify that Mr. / Mrs. _____ (Name of Annuitant), Son / Daughter of Mr. / Mrs. _____ personally appeared before me on _____ (date) along with his/her original identity documents (KYC) and signed in my presence. I am fully satisfied about his/her identity.

Signature of Annuitant	Counter Signature of Attesting Authority (with stamp)

Contact No: _____

Name of Attesting Authority: _____

Designation: _____ Place: _____ Date: _____

LIFE GOALS. DONE.

Note

The form should be signed by the Annuitant only with the attestation of any below competent authority with their seal and registration code.

1) An Advocate
2) STM or Branch Operations In-Charge of Bajaj Life Insurance Limited
3) Bank Manager
4) Block Development Officer
5) Commissioner of Oaths
6) Doctor
7) Gazetted Officer
8) Head Master of a High School
9) Head Post Master/Departmental Sub-Postmaster or Departmental Sub-Postmaster (but not a Branch Postmaster)
10) Magistrate
11) President of a Village Panchayat of Local Board

Branch Details

Branch Name:_____Branch Code:_____
Contact No.:_____

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.
Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)
Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.