Policy Number:

LIFE GOALS. DONE.

Specimen Signature Form

This is a system generated form and does not mean acknowledgement/receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.

Instructions For Filling Up The Form

1. Please answer all questions
2. Please tick a box thus ☐ 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: _____

Instructions/Notices

To,

Bajaj Life Insurance Limited

Sub: Application for change of signature

I hereby provide/submit my duly attested signature (given below) for updating your records against Policy No._____ for all future transactions.

Old Signature	New Signature

LIFE GOALS. DONE.

I hereby declare that the above signature was affixed in my presence by _____

Name of Witness: _____

Address: _____

Contact No.: _____

Place : _____

Date : _____

Thumb Impression/Signature of Witness

Note

This form must be filled in the presence of (Any one of the below)

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

Branch Details

Branch Code: _____

Branch Name: _____

Contact No. (Mob): _____ Contact No. (Tel.) _____

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.