

Vernacular Declaration (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I, hereby that I have explained the contents of this form to the policyholder in _____ language, that the policyholder has signed/affixed thumb impression in my presence, after fully understanding the contents thereof

Name & Signature of Branch Official with stamp

Name and Signature of Witness

Place

For Official Purpose :

Name & Signature of Branch Official with stamp

Place

Request Date

Request Time

Enclosures:

1. Original policy document
2. Bank account proof (Copy of Bank statement/ Cancelled cheque/ Passbook)

For any query or more information, call

Toll Free 1800 209 8700

or mail us at customer.first@indiafirstlife.com

Communication Address:

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