

Name of Applicant:	Reference No.:
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I certify that the tracings which appear below are of Signatures written by me, that I am the above applicant for insurance made through your BSE _____ and that I am also the person who was examined for such insurance by your Medical Examiner, Dr. _____, on _____.

Tracings to Signatures referred to above:

Signature Specimen A Appearing in the _____ Form:

Signature Specimen B Appearing in the _____ Form:

Signature Specimen C Appearing in the _____ Form:

Signed at _____ this _____ day of _____, _____.

Name and Signature of Proposed Insured/Owner

Witnessed by:

Name and Signature of Bancassurance Sales Executive
Code No. _____