APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE
(On Rs.200 stamp paper duly notarized)

A Policy bearing No._____(said Policy) in the name of_____is issued by Star Union Dai-ichi Life Insurance Company Limited ("the Company")and the said Life Insured has died.

I,_____(name of the Claimant);_____(relation with deceased) of _____(name of the Life Insured) do hereby solemnly declare that the Life Insured died intestate and I request the Company that the legal evidence of title required in terms of the said Policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief.

Full name, address and occupation of the deceased at the time of his death	
Religion of the deceased	
Date and Place of death of the Life Insured	

Has the deceased left any of the following relations, and if so, give their full names and ages

Details	Full Name	Age
Son	1.	
	2.	
	3.	
	4.	
Daughter	1.	
	2.	
	3.	
	4.	
Widow or widows / widower		
Father		
Mother		

If any of the aforesaid relations are minor, state with whom the minors are living and by whom they are being maintained.

Whether there is any dispute between any of the relatives mentioned	YES / NO
Whether the deceased has left any will	YES / NO

Dated at_____this_____day of_____20_____

Signature of the Claimant

Witness

Name _____

Designation _____

Address _____

Contact Number_____

*(This form should be submitted by one the legal heir who claims the money)

3. Declaration by the person submitting the form of application (in case form filled up is signed in a language different from that of the form)

I hereby declare that I have fully explained the above questions to the nominee / Claimant and I have truthfully recorded the answers given by the nominee / claimant.

Declarant's Name and Address

_____ Signature of the Declarant

_____

I certify that the contents of the form have been fully explained to me by (name, designation, occupation) Mr. / Mrs._____and I have understood the significance of the contents of the form.

Signature of the Claimant

4. In case the Claimant is illiterate his / her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above question and contents of this form to the Claimant in _____language and that the claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant :

_____

_____ Signature of the Declarant