



### Third Party Declaration

Third Party Declaration to be made if Policyholder has affixed thumb impression OR Policyholder has signed in vernacular language OR Policyholder has not filled the form.

I Mr./Ms./Dr. \_\_\_\_\_

Address \_\_\_\_\_

having known the policyholder for a period of  (month/years); do declare that I have explained the contents of this form to the policyholder in his/her \_\_\_\_\_ language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his/her signature/thumb impression in my presence after understanding the contents.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Declarant

Occupation \_\_\_\_\_

Address \_\_\_\_\_

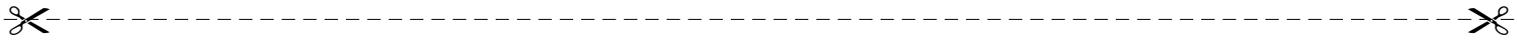
PAN No. - \_\_\_\_\_

### For Office Use Only

Request received within Free look period:  Yes  No  
Document submitted by customer: Policy Document  Yes  No

Branch staff signature: \_\_\_\_\_

Branch Date/Time Stamp  
(Affix stamp in this box only)



### Star Union Dai-ichi Life Insurance Company Limited

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