

Certificate of Existence

D	D	M	M	Y	Y	Y	Y
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Annuitant Name:

Annuitant Policy No:

Annuitant Address:

City State Pin Code

Mobile Number: Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Email ID:

Self Attested KYC Proof: _____

Signature of Annuitant

Verifier details

This is to certify that Mr/Mrs/Ms. _____ has signed the certificate physically in my presence on

D	D	M	M	Y	Y	Y	Y
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This Form should be signed by the Annuitant before a Gazetted Officer / Registered Medical Practitioner with Registration No. / Post Master / Head Master of the School / Bharti AXA Life Branch Official

Designation _____ Name of Authority: _____

Stamp & Signature of the Authority

Certified by: Bharti AXA Life Branch Official

Branch Name:

Designation:

Name of Official: Employee Code:

Vernacular Declaration

DECLARATION* IN CASE THIS PAY-OUT FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policyholder →

Declaration by person filling the form:

I have explained the contents of this form to the policyholder in _____ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name: Relation with the Policyholder:

Address of the Declarant :

City State Pin Code

Contact No.:

Declarant Signature: