

DUAL SIGNATURE MANDATE

Any alteration /corrections made in form need to be duly signed by policyholder.

POLICY DETAILS

Policy No.:

Date:

Policy Holder Name:

• Please fill the form in BLOCK LETTERS

• Please fill below details if You have more than One Policy

Policy No:

Policy No:

"I hereby declare that the below mentioned specimen boxes have my signatures provided on _____ day of _____, 20____ and the same is witnessed hereunder. I further state that henceforth, the signature as appended below should be considered for all future requests/communications received for this policy. I also provide consent to be called for any verification with regard to change in signature"

SPECIMEN SIGNATURE(S):

Specimen Signature 1 (As per the Proposal form)

Specimen Signature 2

Date:

Place:

FOR OFFICE USE ONLY:

I confirm that the customer has signed this form in my presence & I authenticate the same

Employee Name: Date:

Designation:

Branch Name: Signature:

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy No:

Type of Request Received:

Received By (ManipalCigna Health Insurance Executive): Date of Receipt:

Signature of ManipalCigna Health Insurance Executive

Stamp