IndiaFirst Life Insurance Company Ltd

Name of Life To Be Assured / Proposer: _____

Requirement: Vernacular Declaration with Date and Place.

Application No. | | | | | | | | | |

DECLARATION FOR SIGNING IN VERNACULAR OR FOR UNEDUCATED PERSONS

IndiaFirst Life Insurance Company Limited requires that this proposal is completed by the Proposer. (If the Policyholder does not read, write, or speak English, then this proposal may be completed by another person as per item 1 in guidelines of page 1 of this proposal as such person need to complete this declaration.)

I have explained the contents of this proposal to the Proposer and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form and I have read the responses back to the Proposer and confirmed that they are correct.

Signature of Declarant in English

Name | | Place | | Date | D | D | M | M | Y | Y | Y | Y |

Signature of Life To Be Assured / Proposer

Place: _____

Date: _____

Signature of FA / CRO / BDM

Place: _____

Date: _____