



1. Fill the Survival Certificate (below)
2. Carry your original Photo ID (e.g. PAN Card, Passport, Voter's ID, Driving License) with you and get it verified from any one of the following:
 - a. Bank Manager
 - b. IndiaFirst Branch Official
3. Send us the filled and attested Survival Certificate in any of the following ways:
 - a. Email the scanned copy to customer.first@indiafirstlife.com
 - b. Send it to us at Customer Service, IndiaFirst Life Insurance Co Ltd, 12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400063.
 - c. Submit at the nearest IndiaFirst Branch.
4. Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed

The Existence Verification activity is conducted annually on Policy Anniversary. You can aid us to serve you better by proactively providing us the Survival Certificate 30 days prior to your Policy Anniversary.

In case of any queries, please call Customer Service on 1800 209 8700 or email us at customer.first@indiafirstlife.com or Visit www.indiafirstlife.com

Policy No.		Date:	
Policyholder Name	Mr ☐ Mrs ☐ Miss ☐		
Mobile No.		Residence No.	
Email Id:		Office No.	

Contact details mentioned above will be updated in our records for further communication

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

D	D	M	M	Y	Y	Y	Y
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Photo Id Proof Verified: ☐ PAN Card ☐ Passport ☐ Aadhaar Card ☐ Driving License ☐ Voter Id ☐ Others

CERTIFIED BY: ☐ IndiaFirst Branch Official ☐ Bank Manager	
Name of the Institution:	
Name of the Official:	
Designation:	
Employee Code:	
Signature & Stamp of Verifying Authority	

DECLARATION BY POLICYHOLDER

Signature/Thumb impression of Policyholder _____ Place _____ Date

D	D	M	M	Y	Y	Y	Y
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VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language)

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant: _____ Signature: X _____ Relation with the Policyholder _____
Address of the Declarant: _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X
Signature/Thumb impression