



I, ..do hereby declare that the statements made herein above are true and complete in each and every respect

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any physician or Hospital from divulging any knowledge or information acquired by him/them in attending upon or examining a person on the ground of secrecy, I hereby authorize the Physician or Hospital who has attended upon or examined or treated me for any ailment or illness to divulge any knowledge or information regarding my state of health which he/they may have acquired whether before or after the policy was issued by the Corporation, to the Corporation, its offices and legal advisors or in any court of law.

Name & Signature of witness

Signature / thumb impression of the Life Assured

Designation:

Address:

If the claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration:

Certified that the contents of this form were explained to the declarant in vernacular and he/she has affixed his/her signature/thumb impression hereto after fully understanding the same.

Signature of witness.