



Note: This form must be STAMPED BEFORE EXECUTION with a Special Adhesive stamp of the appropriate value or in the alternative the wordings of the Declaration must be copied out on a Non-judicial (General) stamp paper of appropriate value (If executed in the Indian Union), If executed outside the Union stamp only of such value as may be required in terms of stamp regulation of the place must be affixed.

**DECLARATION OF AGE**

(To be completed in the presence of a Magistrate or a Notary or any other officer empowered to administer oaths in non-court matters by a Relative CONSIDERABLY older than the party whose age is to be proved or failing such a relative or by a friend also CONSIDERABLY older than the party. The Declarant must have personal knowledge of the date of birth).

(Signature in Vernacular must have its English translation written underneath them)

Full name, occupation and address of the party whose age is to be proved { \_\_\_\_\_  
\_\_\_\_\_

Full name, occupation and address of the Declarant, his own age and relationship to the party. { \_\_\_\_\_  
\_\_\_\_\_

I do hereby solemnly affirm and declare that above mentioned \_\_\_\_\_ son of \_\_\_\_\_ who is (state relationship) \_\_\_\_\_ who (if not related ) has been known to me for \_\_\_\_\_ years was born at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ Two Thousand \_\_\_\_\_

I am able to state this with certainty as (Describe here the circumstances upon which the declarant found his knowledge of birth.) { \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make this solemn declaration solemnly believing the same to be true and knowing that on the faith thereof the Corporation has agreed to admit the age of the above mentioned policyholder and that this declaration would be receivable as evidence in any future litigation that may take place in connection with the policy and that to the best of my knowledge and belief no documentary evidence is available in proof of the date of birth of the above mentioned policy holder.

\_\_\_\_\_  
**Signature of elderly relation / friend of the Proposer / Life Assured**  
Occupation : \_\_\_\_\_  
Address : \_\_\_\_\_

DECLARED BEFORE ME at \_\_\_\_\_ and certified that the declaration has been read over to and understood by the declarant this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**(Magistrate or a Notary or any Officer empowered to administer oaths in non court matters)**