

_____ DIVISION OFFICE

PROPOSAL NO.

POLICY NO.

NAME OF BRANCH

SELF DECLARATION OF AGE UN-STAMPED

I _____ Son / Daughter / Wife of _____
by occupation _____ residing at _____ do hereby
affirm and declare that to the best of my knowledge and belief I was born at _____ on
_____ and I am of _____ years of age and that I have no other reliable
documentary evidence of age to produce in proof of my age. I make this declaration consciously
believing it to be true and knowing that on the faith / hereof the LIFE INSURANCE CORPORATION
OF INDIA will admit my age in their records.

Signature of Proposer / Life Assured

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

Secretary of the Panchayat /
Member of the Panchayat /
Block Development Officer
Tahsildar / Class I Officer of LIC /
Development Officer of LIC

To be completed by an appointed Medical Examiner of Corporation

I hereby certify that Shri / Smt. _____ was identified before me
by Sri. _____ and from his appearance he / she looks to be
approximately _____ years old.

Signature of Proposer / Life Assured

Signature of Medical Examiner

Code No. _____