

Policyholder Declaration Form

Life Insurance

Policy Number

Policyholder Full Name

Date of Birth

Address

Contact Number

Email Address

Beneficiary(ies) Name(s)

Relationship to Policyholder

Sum Assured

Additional Information (if any)

Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false statement may result in cancellation of my policy. I agree to the terms and conditions of the insurance provider.

Policyholder Signature

Date:

Witness Signature

Date: