



**FUTURE  
GENERALI**

TOTAL INSURANCE SOLUTIONS

## NAME DECLARATION FOR JUVENILE

### TO BE FILLED BY THE PROPOSER

Name of the Life Insured:

Application Number:

"I \_\_\_\_\_, (Applicant's name) hereby declare that the submitted hospital discharge card/ Municipality certificate pertains to my child \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proposer

### VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

Signature of the Declarant

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Life Insured

\*Applicable only to life assured (age=< 5 yrs) wherein age proof does not bear name.