

CERTIFICATE OF EXISTENCE

Policy No/s.

Name of the Annuitant: _____

To whomsoever it may concern, "I, _____ hereby certify that Mr/ Mrs / Ms _____ personally appeared before me on _____. I also confirm that this document has been signed in my presence and the signature is attested below. I am fully satisfied about his/her identity and has been verified on the basis of _____ (Please specify Photo ID Seen).

Signature of the Annuitant

Date :

Place :

Signature of the Authority

Name and Designation :

Date :

Address :

The Form should be signed by the Annuitant and ATTESTED by any of the following:

- Bank Branch Manager
- Branch Manager of FGI
- Gazetted Officer
- Registered Medical Practitioner
- Post Master / School/College Principal
- Officer of any Government, Semi Government, Quasi Government, Government Undertaking, Public Sector Undertaking