



Aviva Life Insurance Company India Ltd.: Head Office: Aviva Tower, Sector Road, Opposite DLF Golf Course, DLF Phase V, Sector 43, Gurgaon-122003  
Tel: +91 (0) 1242709046; Fax: +91 (0) 1242571210

Policy No./s:

Date:

Name of the Insured Child:

### Certificate of Existence

(The below mentioned form should be signed on or after \_\_\_\_\_ by the Insured child wherever he/she is over 7 years of age along with Appointee, else by the Appointee and should be attested by any of the following\*)

\* This statement must be countersigned by any of the following authorized persons:

(1) an Advocate (2) A Bank Manager of Nationalised Bank (3) A Medical Practitioner with Regn No. (4) A Gazetted Officer (5) A Head Master/Principal of a local Govt. High School (6) A magistrate (7) President Of A Village Panchayat or Local Board

"I \_\_\_\_\_ hereby certify that Mr./ Ms. \_\_\_\_\_, son/ daughter of \_\_\_\_\_ has personally appeared before me on \_\_\_\_\_ and has signed this form in my presence and his/ her signature are attested below. I am fully satisfied about identity of Mr./Ms. \_\_\_\_\_ and have seen his/ her Passport/ PAN Card bearing No./ school/College Identification card \_\_\_\_\_".

Counter Signature of certifying person with stamp

Signature of Insured Child

Signature of Appointee

Name

Name

Name

Designation

Address

Address