

Existence Certificate For Child Benefits

DOCUMENT REQUIRED

Self attested Photo ID Proof (Eg. PAN Card/Passport/Voter ID/Driving License)

POLICYHOLDER DETAILS

Policy Number

Name of Insured Child

Name of Appointee

Current Address of Appointee

Pin Code

Mobile Number Alternate Number

PAN No. of Appointee

Signature/Thumb impression of
Insured Child

Signature/Thumb impression of
Appointee

Date

VERIFIER DETAILS

Verifier's Name Designation

Name of Organization Employee Code

Category

- Aviva Life Insurance Employee Bank Manager Post Master Gazetted Officer Advocate
- Principal of School/College Magistrate Sarpanch of Village Panchayat Medical Practitioner with Reg no. I

hereby certify that Mr/Mrs/Ms

Son/Daughter of personally appeared before me and has signed in my presence and his/her signature is attested above. I am fully satisfied about his/her identity.

Verifier's Signature and Organization
Stamp

Date

Place

FOR BRANCH USE ONLY

Service Request Id

Processed by (Name & Signature)

Branch Stamp & Date



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