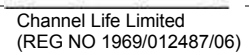


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☐ Proof of Identity of the Policy Holder/Owner (Copy of ID/Birth Certificate/Passport)

☐ Thumb print declaration to be completed in the presence of Commissioner of Oaths(If applicable)

A. Policyholder/Owner Details

I, the undersigned, _____ hereby state under oath:

- I hereby apply for the issue of a certified copy of the aforementioned policy and agree to pay the advertising costs for the lost policy.**

I, the undersigned, hereby declare that: I know and understand the contents of this statement. I have no objection to taking the prescribed oath. I consider the prescribed oath binding on my conscience.

YYYY/MM/DD - -

(IF UNABLE TO SIGN, RIGHT HAND THUMB PRINT DECLARATION MUST BE CERTIFIED BY COMMISSIONER OF OATHS)

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. The statement was sworn before me and the deponent's signature was placed hereon in my presence.

[illegible]

- -
 YYYY/MM/DD

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