

Form No. PHS/42

LIFE INSURANCE CORPORATION OF INDIA

PUNE DIVISIONAL OFFICE
BRANCH OFFICE

Dep.: PHS/SSS

Specimen Signature of
Sri./Smt.....
...

Name.....

Ref.:Policy
No.....

	OLD STYLE	NEW
STYLE		
1.....		
1.....		
2.....		
2.....		
3.....		
3.....		

Witness :

Signature :

Name :
(In block letters)

Occupation :

Address :

P.S: The witness should be a credible English Knowing person.