



SCC000101



LIFE INSURANCE

School/College Certificate (Form – S)**Policy no(s)** _____

a) Name and Address of the deceased _____

b) Date of Birth (as per records) / /

c) Date of Joining school/ college / /

d) Nature of Duties _____

e) Date on which deceased last attended school/ college / /

f) Date, Time and Place of Death / /, : (a.m. / p.m.),

g) Cause of Death _____

h) Date of Intimation of Illness / /

i) Date of immediate absence from school/ college / /

j) When was the death intimation received? / /

k) Who intimated the death of the deceased? _____

l) Leave Particulars of the deceased for the past 3 years: (Please attach leave records if required and enclose medical certificates received for sick leaves detailed below)

Nature of Leave	Date of leave	Date of Resuming School/College	If sick leave, reasons for the same

(Please attach extra sheets if required)

Signature of Principal _____

Name of the Principal _____

Address _____

Tel. _____

Date / /

School/College Seal _____

Signature of Witness (Mandatory) _____ Date / /

Name) _____ Address _____

(This form must be witnessed by any one of the following: (1) An agent of the Company, (2) A Relationship Manager of the Company, (3) A Branch Manager of the distributing bank, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) A Gazetted Officer, (6) A Head Master / Principal of a Govt. School, (7) A Magistrate (8) Any employee of the Company.)

Canara HSBC Life Insurance Company Limited(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136****Head Office Address:** 139 P, Sector 44, Gurugram – 122003, Haryana, India**Registered Office Address:** 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001**Corporate Identity No:** U66010DL2007PLC248825

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