

Date: _____

Staff Declaration

Application no: _____

Proposer name: _____

Proposer relation to employee: Self / spouse/ minor child/ dependent parent

Life Assured name: _____

Life Assured relation to employee: Self / spouse/ minor child/ dependent parent

This is to certify that I, Mr/Mrs/Ms _____

s/o, d/o, w/o Mr _____, am employed with
_____ (company name)

since _____ (dd/mm/yyyy) till date. My

employee no: is _____

My current office address is :

The application for Life Insurance cover states the above relationship and I confirm that the application is eligible for staff discount as per staff discount policy of Canara HSBC Life Insurance Company Limited (formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited).

Employee Name:

Employee Signature: