



aapke vaade,
sar aankhon par

ACKNOWLEDGEMENT FORM FOR RECEIPT OF MASTER POLICY

MASTER POLICY NO:	
MASTER POLICY HOLDER NAME :	

We hereby confirm the receipt of the above Policy document on _____.
(dd/mm/yyyy).

SIGNATURE OF TRUSTEES/AUTHORIZED SIGNATORIES

1. Name of the Trustees/Authorized Person:

2. Signature of the Trustees/Authorized Person:

Declaration, if this form is signed in Vernacular/Thumb Impression:

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____
in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than
English in my presence after fully understanding the contents thereof.

Name of Declarant _____ Signature _____ Date _____ Place _____

Instruction & Disclaimer:

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

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