



STD000101

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 Oriental bank Of Commerce Life Insurance Company.

Employee Name:

Employee Signature: