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Received Date:

(Please tick whichever is applicable)

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

[illegible]

Signature of the Witness<sup>12</sup>:

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_

**DECLARATION\* IN CASE THIS ASSIGNMENT FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:**

I hereby declare that the contents in this form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

**Declaration by person filling the form:**  
I have explained the contents of this form to the Policyholder in \_\_\_\_\_ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Declarant's Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_

\*"The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM."

I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us.

I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes.



I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services.

Date:    D   D   M   M   Y   Y   Y   Y

Signature of the →  
Policyholder

Place: \_\_\_\_\_

1. All the information is to be filled in BLOCK LETTERS.
2. All fields are mandatory.
3. The term Assignor stands for the current Policyholder, who intends to assign the Policy, whereas the term Assignee stands for the person in whose favour the Policy is to be assigned.
4. The assignment of a Policy shall automatically cancel any nomination made in the Policy, except for assignment in favour of Bharti AXA Life Insurance Company Limited ('the Company') in which case the rights of the nominee would get affected to the extent of the Company's interest in the Policy.
5. The Company expresses no opinion as to the legality or validity of the assignment.
6. Partial assignment of a Policy is not allowed.
7. This assignment shall not be effectual against the Company unless this Assignment Form is duly completed and delivered, accompanied by the original Policy Bond to the Company.
8. In case of assignment in favour of a financial institution/bank, the financial institution/bank should affix its stamp and should be countersigned by its authorised signatory.
9. In case where the assignee is a minor, the legal/natural guardian of the minor shall sign on behalf of the minor.
10. Relative shall mean and include only the father, mother, spouse and child/children of the Assignor. In case of assignment in favour of a relative, documentary proof (preferably ration card) mentioning the relation therein should be produced along with this form.
11. In case of assignment to third party(ies), other than relatives/banks/financial institutions, the Assignor should submit identification proof, residential proof and income proof of such third party.
12. The witness should be a person competent to contract.

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**Bharti AXA Life Insurance Company Ltd.**

Regd. Office: Unit No. 1904, 19<sup>th</sup> Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051. Maharashtra Regn. No.: 130. CIN no: U66010MH2005PLC157108. Comp-Mar-2021-3215

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

