

**BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.**  
GE Plaza, Airport Road Yerawada, Pune 411006

Specimen Signature Form

From \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Dear Sir:

Policy Number 

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Sub: Attestation of Signature

I hereby send my duly attested signature for updating your records.

Signature in old style

Signature in new style

I hereby declare that the above signature was affixed in my presence by \_\_\_\_\_

Witness

Signature  
Name  
Contact No

Note: This form must be filled in the presence of 1) an Advocate 2) STM of AZBJ 3) a Bank Manager 4) a Block Development Officer 5) a Commissioner of Oaths 6) a Doctor 7) a Gazetted officer 8) a Head Master of a High School 9) a Head Post Master or Departmental Sub- Post master or a Departmental Sub-Postmaster (but not a branch post master) 10) a Magistrate 11) a President of a Village Panchayat of Local Board