

## **DUAL SIGNATURE MANDATE**

Any alteration /corrections made in form need to be duly signed by policyholder.

Dilicy No.:  Dilicy Holder Name:  FIRST NAME* MID  Please fill the form in BLOCK LETTERS  Please fill below details if You have more than One Policy  Dilicy No:  Dilicy No:  Thereby declare that the below mentioned specimen boxes have my signatures witnessed hereunder. I further state that henceforth, the signature as appendenceived for this policy. I also provide consent to be called for any verification with  CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	ed below should be considered for all future requests/communications
Please fill the form in BLOCK LETTERS  Please fill below details if You have more than One Policy  Dicy No:  Dicy No:  hereby declare that the below mentioned specimen boxes have my signatures witnessed hereunder. I further state that henceforth, the signature as appendenceived for this policy. I also provide consent to be called for any verification with  CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	provided on day of, 20 and the same deal below should be considered for all future requests/communications regard to change in signature"
Please fill below details if You have more than One Policy  blicy No:  blicy No:  thereby declare that the below mentioned specimen boxes have my signatures witnessed hereunder. I further state that henceforth, the signature as appendence ceived for this policy. I also provide consent to be called for any verification with  CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	ed below should be considered for all future requests/communication regard to change in signature"  Specimen Signature 2
blicy No:  blicy No:  hereby declare that the below mentioned specimen boxes have my signatures witnessed hereunder. I further state that henceforth, the signature as appendenceived for this policy. I also provide consent to be called for any verification with ceived Signature 1 (As per the Proposal form)	ed below should be considered for all future requests/communication regard to change in signature"  Specimen Signature 2
hereby declare that the below mentioned specimen boxes have my signatures witnessed hereunder. I further state that henceforth, the signature as appendenceived for this policy. I also provide consent to be called for any verification with CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	ed below should be considered for all future requests/communications regard to change in signature"  Specimen Signature 2
hereby declare that the below mentioned specimen boxes have my signatures witnessed hereunder. I further state that henceforth, the signature as appendictived for this policy. I also provide consent to be called for any verification with CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	ed below should be considered for all future requests/communications regard to change in signature"  Specimen Signature 2
witnessed hereunder. I further state that henceforth, the signature as appendenceived for this policy. I also provide consent to be called for any verification with CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	ed below should be considered for all future requests/communications regard to change in signature"  Specimen Signature 2
CIMEN SIGNATURE(S):  Decimen Signature 1 (As per the Proposal form)	regard to change in signature"  Specimen Signature 2
CIMEN SIGNATURE(S): Decimen Signature 1 (As per the Proposal form)	Specimen Signature 2
pecimen Signature 1 (As per the Proposal form)	
pecimen Signature 1 (As per the Proposal form)	
ate: DDMMYYYY	Place:
OFFICE USE ONLY:	
confirm that the customer has signed this form in my presence & I authentica	te the same
mployee Name:	Date: DDMMYYYY
esignation:	
ranch Name:	Signature:
anon ramo.	Olgitatore.
<del>\</del>	
CUSTOMER ACKNOWL	EDGEMENT SLIP
olicy No:	Health Insurance
/pe of Request Received:	
eceived By (ManipalCigna Health Insurance Executive):	Date of Receipt: DDMMYYYYY
	Stamp
Signature of ManipalCigna Health Insurance Executive	
oignature oi ivianipaioigna i leatti insurance Executive	

servicesupport@manipalcigna.com

@www.manipalcigna.com