

Proforma of Address certification
By Recognized Public Authority only

Name of Proposed Insured:

Name of Proposer (If other than Proposed Insured):

Age:

As per our records the full address of the Client is

Mailing Address

Permanent Address

Client has been staying at abovementioned address since:

Attestation by Public Authority

Name of Public Authority

Name of BALIC employee:

Designation of BALIC employee

Signature with Date: