

FO	ORM C - Certificate of Identity - OS														Policy No																			
(This	is to	be co	omple	eted o	and s	ignec	d by a	n official of Indian Embassy/High Commission)											Date			D	D	M	M	Υ	Υ	Υ	Υ					
Name of the Life Assured									R	S	Т											L	Α	S	T									
Correspondence Address/ Usual place of resi							resid	ence	F	L	Α	Т		N	0.			В	U	ı	L	D	ı	N	G									
R O A D N A						M	E	/	N	0.							L	Α	N	D	M	Α	R	K	1									
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	С	1	Т	Y	/	V	1	L	L	Α	G	Е							S	Т	Α	Т	Е				Pince	ode						
STD ISD Code L A N D L I N				E	E MOB						В		L	E	1				EMAIL ADDRESS															
Date	of D	eath		D	D	M	M	Y	Y																									
Age at Death							Duration of Illness																											
Place	of I	Death	1																															
Was the Life Assured related to you? Yes								No	If so,	how:	?] [
If the	Date of burial/cremation If the deceased/Life Assured was employed, mention his occupation and the address of the Employer We certify that the details furnished above are true and correct as per our records.																																	
Place		D	M	M	Υ	Υ	Υ	Υ]																									
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Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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