



**DECLARATION OF VARIFICATION OF THE IDENTITY OF THE APPLICANT**

I, \_\_\_\_\_ declare that I have taken due and proper care to verify the true identity of the applicant and have witnessed his/her signature, and I have inspected the applicant's:

ID No. 

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Passport No. 

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Card type Driver's License number: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Examiner

\_\_\_\_\_  
Signature of applicant

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect.

**Do not sign blank or incomplete forms.**

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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