

DECLARATION OF INSURANCE

1. I, No _____, _____(Rank)

_____(Retd), s/o

_____ hereby declare that I have subscribed for Extended Insurance by Army Group Insurance Fund and am covered for insurance under the said scheme for the duration of the contract.

2. I fully understand that I will not be liable to any claim for insurance whatsoever, should this info be found incorrect at any point of time and I shall not take any legal course of action under the circumstances arising thereon.

Date :

(Signature of Applicant)

Place :