



## Vernacular Declaration

(To be filled if Customer has signed in language other than English / provided request in language other than English/Hindi/ Affixed Thumb Impression)

I hereby declare that I have explained the contents of policy amendment form/request letter to the Policyholder/Life Insured Mr/Mrs/Ms-----  
-----in \_\_\_\_\_ Language and that the policy holder has affixed the thumb impression(s)/signed in language other than English/provided request in language other than English/Hindi in my presence after fully understanding the contents thereof.

Name of Declarant \_\_\_\_\_

Signature of the Declarant \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID (if vernacular is provided by MNYL employee)

\_\_\_\_\_