

# Certifying signature form

**This form must be used where the signature on identity documentation does not exist or differs from the policy owner's present signature.**

Policy owner 1

 Title  Mr  Mrs  Ms

 Other (please specify) 


**Current signature of policy owner 1**


Date









The policy owner must sign in the presence of a suitable certifier\*.

I, as a suitable certifier, do confirm that the signature provided belongs to the named person above.

## Suitable certifier details



Occupation and position

Suitable certifier number (if applicable)

Company name

Suitable certifier address

Apply company stamp/seal (if available)

Date declaration signed









## Privacy notice

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### **\*Definition of Suitable Certifier**

- (a)** A regulated relevant financial professional based in an equivalent jurisdiction. Relevant financial professionals not based in Hong Kong or Singapore should supply proof of their authorisation.
- (b)** An individual relevant financial professional who has been accepted as a suitable certifier by Zurich International Life Limited (including relevant financial professionals regulated by the CBB, FCA, QFCRA and MAS).
- (c)** A notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document).
- (d)** An appointed representative of the Zurich Insurance Group.

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