



# Certifying signature form

Policy number 

**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) First name Last name 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

Suitable certifier signature Suitable certifier name (in capital letters) Occupation and position Suitable certifier number (if applicable) Company name Suitable certifier address Apply company stamp/seal (if available) 

Date declaration signed

       

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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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