

Authorised Signatory Form

Please provide information requested below for individuals who are authorised to sign on behalf of the company on documents such as endorsements, salary declarations and any other documents that are required by Daman.

Policyholder Name:

Policy No.:

No. of Signatories:

Able to Sign: ☐ Independently ☐ Jointly ☐ Other _____

Signatory 1:

Name:

Position:

Email address:

Emirates ID no./Passport no.:

Specimen signature:

Signatory 2:

Name:

Position:

Email address:

Emirates ID no./Passport no.:

Specimen signature:

Signatory 3:

Name:

Position:

Email address:

Emirates ID no./Passport no.:

Specimen signature:

I, hereby authorise the above named individuals to apply, renew, amend, receive, deliver and execute on my behalf any and all documents, forms and applications related to the referenced policy following the Effective Date of the Policy. I understand that I will be liable for all acts of including the aforementioned individuals including false representation provided by the individuals in relation to Basic policy related matters.

Name:

Title:

Date:

Signature:

*Please attach a copy of the specimen signature with this form.