



**CONSENT FORM - MINOR**

**TO WHOM IT MAY CONCERN:**

This is to certify that I, \_\_\_\_\_ am the mother/

father/ legal guardian of \_\_\_\_\_ of

\_\_\_\_\_ and, do hereby give consent to

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ to apply for and be the owner of an Insurance Policy with

**Resolution Life Assurance Company Ltd.** on his/her life.

Attached hereto and forming a part of the application for Insurance

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_ Witness \_\_\_\_\_  
**Parent/ Legal Guardian** **Agent**

Witness \_\_\_\_\_  
**Notary Public**

**DECLARATION OF NOTARY PUBLIC**

I, \_\_\_\_\_ of \_\_\_\_\_

NOTARY PUBLIC in and for the Island of Barbados do hereby **CERTIFY** that on the day and the date hereof personally appeared before me a

male person who identified  himself to me to be \_\_\_\_\_,  
 female  herself **NAME OF PARENT/ LEGAL GUARDIAN**

the party named and described within this Consent Form and in my presence did duly swear and sign the said Consent Form and as for

his free and voluntary act and deed.  
 her

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**NOTARY PUBLIC**