

**LIBERTY GENERAL INSURANCE LIMITED**  
**COMMERCIAL VEHICLE PACKAGE POLICY - GOODS CARRYING VEHICLES**  
**CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE**

- IMPORTANT** 1) The Validity of this Certificate of Insurance cum Schedule is subject to realization of the premium cheque.  
 2) No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous policy.  
 3) In the event of misrepresentation, fraud or non-disclosure of material facts, the company reserves the right to cancel the policy from inception.

**Policy issuing office :Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra**

**Phone: +91 226700 1313**

**Policy Servicing office :KANKARIA CENTRE 2/1, 2nd FLOOR,, RUSSELL STREET,, PARK CIRCUS, KOLKATA, West Bengal-700071 PH: +91 33 40951200**

**Fax:**

PolicyRef No.	201330140124700253700000	Period of Insurance	From: 00:00 Hrs of 11/11/2024
Geographical Area	India	To:	Midnight of 10/11/2025
Insured Address	SANJOY CHOWDHURY 45/3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BENGAL, 700008, BARISHA , KOLKATA, WEST BENGAL,45 3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BE KOLKATA.,WEST BENGAL,KOLKATA,BARISHA-700008	Policy Issued on	09/11/2024
Contact Number	7439685322	Covernote No	201330140124700253700000
Customer GSTIN		Covernote Date	09/11/2024
UIN CODES:	IRDAN150RP003V02201213	RTO Location	24 PARAGANAS
		POSP Name	Zone: Zone C
		Aadhar Number	
		PAN Number	
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE		
Agent Code	IMD1266794	Agent Contact No	9926920400

**INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION**

Registration Mark & No.	Year of Manufacture/ Date of Registration/ Invoice Date	Engine No.	Chassis No.	Trailer Registration No	Trailer Chassis No	Make/Model/ Type of Vehicle	Type of Body	Vehicle Sub Class	CC/HP/ GVW/K W	Public/ Private Carrier	Licensed Carrying capacity including Driver
WB-19-K-3862	2019/15-11-2019/15-11-2019	275ID107EPY S80112	MAT445238KZ E33423			TATA MOTORS LTD/ACE/FACELIFT HT	OPEN	Goods Carrying (Other than 3-wh)- Public Carriers	1550	Public	2

**IDV (INSURED DECLARED VALUE)**

IDV Of Vehicle	Chassis IDV	Body IDV	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Trailer	Total Value
250,000.00	250,000.00	0.00	0	0	0	0	250,000.00

**Section I - OWN DAMAGE (A)**

Own Damage Premium on Vehicle and accessories	
Basic Cover	
Basic OD	863.00
EXTENSIONS UNDER OWN DAMAGE SECTIONS	
Cover for Lamps tyres/tubes mudguards(IMT 23)	129.45
LOADING UNDER OWN DAMAGE SECTION	
DISCOUNTS UNDER OWN DAMAGE SECTION	
No claim bonus 50%	496.23
<b>TOTAL OWN-DAMAGE PREMIUM (A)</b>	<b>496.22</b>
<b>TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)</b>	<b>496.22</b>

**Section II - LIABILITY (B)**

Third Party Premium	
Basic Cover	
Basic TP	16,049.00
EXTENSIONS UNDER THIRD PARTY SECTION	
Legal Liability	
Legal liability to Driver(1)/Cleaner(1)/Conductor(0)	100.00
<b>TOTAL LIABILITY PREMIUM</b>	<b>16,149.00</b>
Section III - PA OWNER DRIVER (D)	
Net Premium (A+B+C)Taxable Value	16,645.00
State Cess	0.00
CGST(WEST BENGAL)	1016.58
SGST(WEST BENGAL)	1016.58
<b>TOTAL POLICY PREMIUM</b>	<b>18,678.00</b>

Hire Purchase/Lease/Hypothecated with :CHOLAMANDALAM INVESTMENT & FINANCE CO LTD, KOLKATA

**LIMITATIONS AS TO USE -The Policy covers use only for carriage of goods within the meaning of the Motor Vehicles Act**

The Policy does not cover 1) Use for Organized racing, Pace Making, Reliability/Trial, Speed Testing 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle 3) Use for carrying passengers in vehicles; except employees (other than driver) not exceeding the no. permitted in registration document and coming under purview of Workmen's Comp Act 1923.

**DRIVERS CLAUSE**

Persons or Classes of Person entitled to drive: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle when not used for transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**Limits of Liability**

Deductible Under Section-I	Compulsory Deductible:Rs 500 Voluntary Deductible: Rs 0.00	Under Section II-I(i) of the policy (Death of or bodily injury):	Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988.	Under Section II-I(ii) of the policy/Damage to third party property)	7,50,00	P.A. cover for owner- Driver under section- III: CST	NA
Subject to I.M.T Endorsement Nos. IMT 7, IMT 28,IMT 23 ,IMT 21							

**NOMINATION DETAILS**

Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
NA	NA	NA	NA

I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of chapter X and chapter XI of M.V. Act,1988.

In witness whereof this Policy has been signed at Mumbai on 09/11/2024

Receipt No: CR202302102319

Invoice No:

In case of claim ,Please contact us at : Toll Free No -18002665844,

Email Id - care@libertyinsurance.in IRDA Registration No. 150

Insurance is the subject matter of solicitation;CIN No. U66000MH2010PLC209656

Date of Issue :09/11/2024

Place: KOLKATA

Stamp Duty of Rs. xxx/- is paid as provided under Article (xxxx) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai 400001, vide this Order No (LOA/ENF-2/CSD/88/2024/(Validity Period Dt. 28/08/2024 to 27/08/2025)/OW.NO.4330/ Dated 28/08/2024).

LGI Branch GSTIN :99AABCL9950A1Z1

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : WEST BENGAL

Tax is not payable under reverse charge by the recipient.

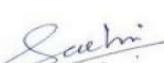
I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

**IMPORTANT NOTICE**

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation, refer to the **Policy Document**.



For Liberty General Insurance Limited



Authorised Signatory

Digitally signed by SANJAY JOSHI  
Date: 2024-11-09 07:07:15 IST  
Location: Mumbai, Maharashtra, India

## PROPOSAL FORM COMMERCIAL VEHICLE PACKAGE POLICY

Proposal for :  New Vehicle  Rollover  Endorsement  Renewal (LGI Policy No.)

Note: 1)Please Complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable  
 2)Attach additional sheets if space given is insufficient  
 3)The quoted marks/details mentioned below are the minimum requirements to be furnished by a proposer.(The Company may seek any other information as desired for underwriting purpose.)

### Intermediary Details

IMD Name	CERTIGO INSURANCE BROKERS PRIVATE	IMD Code	IMD1266794
Branch Name	KOLKATA1	Branch Code	301401
SM Name :		SM Code :	N1622758
Contact No.:	9926920400	POSP Name :	
PAN Card Number :		POSP Code :	
(Mandatory to provide PAN Card No. or Aadhar Card No. in case of POSP)		Aadhar Card No.:	

Type of Cover :  Package (Comprehensive) Policy  Package (Act & Theft) Policy  Package(Act,Theft and Fire) Policy  Pakage(Fire & Theft) Policy  Act only policy  
 Purpose for which vehicle will be used:  Goods Carrying (Private Carrier)  Goods Carrying (Public Carrier)  Passenger Carrying  Misc. D  
 Type of Vehicle:  Four Wheeler  Three Wheeler  Other (Please Specify)

### Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture/Invoice Date	Cubic Capacity/kW	Gross Vehicle Weight (GVW) For Goods carrying Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
TATA MOTORS LTD	ACE	FAACELITI HT	2019 / 15-11-2019	702.00	1550	2	OPEN

### Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
250000.00	0	0	0	0.00	250000.00

"Add On Covers" Selected:	<input type="checkbox"/> Depreciation Cover	<input type="checkbox"/> Consumable Cover	<input type="checkbox"/> Road Side Assistance Cover	<input type="checkbox"/> Engine Safe Cover	<input type="checkbox"/> Gap Value (Incl Taxes & Regn.)
	<input type="checkbox"/> Gap Value Cover	<input type="checkbox"/> Additional Towing Expenses Cover		<input type="checkbox"/> EMI Protection Cover	
	<input type="checkbox"/> Tyre Protection Cover	<input type="checkbox"/>			

### UIN Code of Add on covers selected :

Whether you have opted for any Add on Coverage's last year.  Yes  No

If yes, please specify the Add on Coverage's

Vehicle Registration No.	WB-19-K-3862	Colour of Vehicle			
Engine No.	275ID07EPPS80112	Chassis No	MAT445238KZE33423		
Place of Registration	24 PARAGANAS	Date of Registration	15/11/2019		
Trailer Chassis No. (if any)		Vehicle type	<input checked="" type="checkbox"/> Indigenous	<input type="checkbox"/> Imported Rated under:	<input type="checkbox"/> Zone A <input type="checkbox"/> Zone B <input checked="" type="checkbox"/> Zone C

Is the vehicle attached with any of the Fleet?  Yes  No No. of vehicles attached with fleet Cubic Capacity : 702.00

Is the vehicle made in India?  Yes  No

Financier Details :  Hypothecation Agreement  Hire Purchase  Lease Agreement Body Type : OPEN

Name of Financier & Address : CHOLAMANDALAM INVESTMENT & FINANCE CO LTD,KOLKATA

Name of Insured: (Mr/Mrs/M/s/Dr) SANJOY CHOWDHURY

e-Insurance Account Number I would like to open e-Insurance account with Insurance Repository

(Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.)

Name of Contact Person : (For Corporate)

Communication Address : 45/3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BENGAL, 700008 , BARISHA , KOLKATA, WEST BENGAL 45 3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BE KOLKATA

Area/Landmark:	45/3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BENGAL, 700008 , BARISHA , KOLKATA, WEST BENGAL 45 3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BE KOLKATA	State :	WEST BENGAL	City / District :	KOLKATA	Pin Code :	700008
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Contact Details: Mobile No. :	Residence:	Office :	Email ID:	rajatsarkar1004@gmail.com	PAN No.	AOZPC6362E
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Date of Birth : 09/08/1982 Business/Occupation (For Individual Customer)

Registration Address: 45/3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BENGAL, 700008 , BARISHA , KOLKATA, WEST BENGAL 45 3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BE KOLKATA

Aadhar No.:

Any other details : BARISHA 45 3 KALIPADA MUKHERJEE ROAD KOLKATA WEST BE KOLKATA

Period of Insurance From Time: 00:00 Hrs of Date: 11/11/2024 To the Midnight of Date: 10/11/2025

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

Particulars	Name of Passenger	Name of Nominee Existing Nominee	Name of New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee
For PA to owner Driver	NA		NA	NA			
For PA to Named Passenger							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

Note: Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Commercial Vehicles Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.

In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Premium Payment Details  Cash  Cheque  Demand Draft  Credit Card Insured Bank Details:  
 NEFT/RTGS

Premium Amount (including service tax): 18678.00

Bank Name and Branch:

Bank A/C No.:

NA

Cheque / DD Date: 09/11/2024

IFSC Code:

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same

### Details of Electrical Accessories:

Item Details	Make & Model	Year Of Manfature	IDV
		2019	

### Details of Non-Electrical Accessories:

Item Details	Make & Model	Year Of Manfature	IDV
		2019	

### Trailer IDV

Trailer Towed :	Trailer IDV :	0
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Insurance is the Subject matter of Solicitation.  
Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.

#### Details of Vehicle Type and Usage

1. Fuel Type of the vehicle  Petrol  Diesel  Any Other  
 2. Whether the Vehicle is driven by Non-Conventional source of Power  Yes  No If yes please give details  Bi-fuel  CNG  LPG  Externally Fitted  Manufactured/Fitted  
 3. Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes  
 Yes  No b) Carriage of goods other than Samples or Personal Luggage  
 Yes  No  
 4. Whether the vehicle is used for Driving tuitions?  Yes  No  
 5. Whether the vehicle is limited to own premises?  Yes  No  
 6. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person  
 Yes  No If so, whether the same is endorsed as such by RTA?  
 Yes  No  
 7. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India?  
 Yes  No  
 8. Whether the rally cover is required?  Yes  No  
 9. Whether the vehicle is fitted with Fibre Glass Tank?  Yes  No  
 10. Whether the vehicle belongs to the Embassy/Consulate of a foreign country?  
 Yes  No If so, is the Duty element is included in the IDV?  Yes  No  
 11. Whether insured is first registered owner of the vehicle?  Yes  No  
 12. Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles)  Yes  No  
 13. Whether the commercial vehicle is also used for Private purposes (Excluding use for hire or reward)?  Yes  No  
 14. Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover)  Yes  No  
 15. Whether Cover for Overturning loading required? (Applicable to MISD D only)  Yes  No  
 16. If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own staff / Students and guests?  Yes  No

(Note: The Motor Vhicle Act - 1988 under Sec. 147(1)(ii)(l)cover liability to employees who are workmen within the meaning of Workmen's Compensation Act - 1923.)

8. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of  
 Owner Driver only  Any person other than Paid Driver  
 If 'YES', give details of such other persons:  
 Non fare Paying Passengers (No. of persons): 0  
 Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver.) 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death / bodily injury of a third party  
 Any other Coverage details

#### Break In Insurance Declaration

I/we hereby Declare and Undertake  
 'That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, met with an accident on at (Add more date/s with time if vehicle had met with accident more than once)  
That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident  
 ('Select the appropriate check box and provide relevant information against selected entry)  
 I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Liberty General Insurance Limited in consideration of these presents will be completely out of ambit of said Policy and said Company will not be in any manner liable or held responsible therefore.

I/we further undertake that if this declaration and/or any of its part is found to be incorrect in any manner, all the benefits under the Policy will then stand forfeited and the contract of insurance will be treated as void ab initio".

#### NCB Declaration

I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/we further undertake that if this declaration is found to be incorrect, all benefit under the policy in respect of Section I of the policy will be forfeited.

#### Declaration

"I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.libertyinsurance.in). I/we hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request".  
 I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

#### Any other Material Information Declaration and Consent

I/we hereby declare that the statements, answers given by me/us in this proposal form are true to the best of my knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and the Liberty General Insurance Ltd. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.  
 I/we agree and undertake to convey to Liberty General Insurance Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

"I/we have insurable interest in the subject matter of this insurance and we hereby declare that the Cost of the same and the premium for this insurance is paid from legal sources of funds."

I, the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab initio and the premium paid shall be forfeited to the Company.

Please give details, if you are politically exposed person or relative of politically exposed person.

Please give details, if you are no profit organization.

I hereby agree to receive a one pager policy document

I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.

#### Prohibition of Rebates (Section 41) of the Insurance Act-1938

- No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
- Any person making default in complying with the provision/s of this section shall be punishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.

#### For use by Intermediary only

Cover Note No. issued (if any)

Date of Issuance \_\_\_\_\_ Time of Issuance \_\_\_\_\_

Period of Insurance: From (Time) \_\_\_\_\_ (Date) \_\_\_\_\_

To the midnight of \_\_\_\_\_ (Date) \_\_\_\_\_

Premium Amount (in Rs.) \_\_\_\_\_

Bank Name : \_\_\_\_\_

Cheque No. / DD No. / Cash: \_\_\_\_\_

Date \_\_\_\_\_

#### For Office use only

Customer ID: \_\_\_\_\_

Proposal Number: \_\_\_\_\_

Policy / Cover Note Number: 201330140124700253700000

Proposal Checked By: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

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

Proposer Name : \_\_\_\_\_ Proposer's Sign : \_\_\_\_\_

V1 -20042015

PRODUCT UN CODE: IRDAN1SPR0633020213

Insurance is the Subject matter of Solicitation.  
 Trade logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.

#### Inspection Details

- Does the vehicle stands fit for insurance?  Yes  No  Self Inspection

#### Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors?  Yes  No

Name: \_\_\_\_\_ CSI \_\_\_\_\_

Do you wish to cover Geographical Area Extension under your proposed insurance?

Bangladesh  Bhutan  Nepal  Sri Lanka  Maldives  Pakistan

#### Do you require Unnamed PA Cover

1. No. of Passengers 0 Yrs \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)

Name \_\_\_\_\_ Sum Insured \_\_\_\_\_ Name \_\_\_\_\_ Sum Insured \_\_\_\_\_

3. Do you wish to cover Legal liability towards

a) Driver/Cleaner/Conductor (No. of Persons:2)  Yes  No

b) Unnamed Passengers (No. of Persons:0)  Yes  No

c) Other employees (No. of Persons:0)  Yes  No

d) Soldier/Sailor/Airman employed as Driver  Yes  No

4. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of

Rs. 6,000/- only? (IMT 20)  Yes  No

5. Do you require PA cover for named persons?  Yes  No

Name: \_\_\_\_\_ CSI \_\_\_\_\_ Nominee: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. The Policy provides additional Third Party Property Damage liability limits of

Rs.1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you wish

to cover the additional limit?  Yes  No

7. Legal liability to persons employed in connection with operation of the vehicle who are

'workmen'. The liability of the Employer under the Workmens' Compensation Act-1923 is

covered under the Motor Vehicles Act-1988.  Yes  No

Drivers (No. of persons): \_\_\_\_\_ Employees (Workmen) (No. of persons): \_\_\_\_\_

\* I am environment friendly customer

OTP Status: OTP Generated Date & Time:

Phone No: OTP Entered Date & Time:

Date:

Signature \_\_\_\_\_