

BRANCH _____

PERSONAL DETAILS

FULL NAME - _____

D.O.B - _____ **HEIGHT (in C.M.)** - _____ **WEIGHT (in K.G.)** - _____

FATHER'S NAME - _____

MAILING ADDRESS - _____

CURRENT OCCUPATION - _____ **PLACE**- _____

ANNUAL INCOME - _____ **QUALIFICATION** - _____

BODY REMARK - _____

MOBILE No. - 1. _____ 2. _____

EMAIL. ID. - _____

NOMINEE DETAILS

NOMINEE NAME - _____

AGE - _____ **D.O.B** - _____ **RELATION** - _____

PLAN DETAILS

PLAN - _____ **TERM** - _____ **SUM ASSURED** - _____

MODE - **YEARLY** **HALF YEARLY** **PREMIUM AMOUNT** - _____

OLD INSURANCE DETAILS

POLICY NO.	SUM ASSURED	PLAN/TERM	AMOUNT	DATE	ACCIDENTAL BENEFIT

FAMILY DETAILS

	NUMBER	CURRENT AGE	DEATH TIME/AGE/YEAR	REASON OF DEATH
FATHER				
MOTHER				
BROTHER				
SISTER				
HUSBAND/WIFE				
CHILDREN				

FOR LADIES ONLY

HUSBAND NAME - _____ **AGE** - _____

HUSBAND OCCUPATION - _____ **ANNUAL INCOME** - _____

IS SHE PREGNANT IN PRESENT TIME - YES NO

HUSBAND INSURANCE DETAIL

POLICY NO.	SUM ASSURED	PLAN/TERM	AMOUNT	DATE	ACCIDENTAL BENEFIT

SUBMIT:- 1. LIC FORM 2. REGISTRATION FORM 3. ID/ADDRESS PROOF 4. 2 PHOTOGRAPH