

House Wife Addendum
Proposal Number:
Life to be Insured Name:
Date of Birth:
Who is paying the premium?  Spouse  Self Name of the Premium Payor Spouse details:
1. Income Details Per Annum
2. Insurance Details
3. Educational Qualification $\Box$ Post Graduate $\Box$ Graduate $\Box$ Diploma $\Box 12^{th}$ Pass $\Box$ Below $12^{th}$ $\Box$ Others (Specify)
4. Occupation Salaried Business Owner Self-employed Others (Specify)
Work Details Of Spouse:
1. Your Designation
2. Name of Organization/Business
3. Income Tax PAN Number
I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my proposal (dated) for life insurance and that failure to disclose any material fact known to me may invalidate the contract.
Signature of the person to be insured  Signature of FPA  Signature of Sales Manager    Date
A Joint Venture between Dabur and Aviva Aviva Life Insurance Company India Ltd. Aviva Tower Sector Road Opp Golf Course DLF Phase V Sector 43 Gurgaon-122003 Haryana India Tel. + 91 (0)124 270 9000 Fax +91(0)124 257 1209 www.avivaindia.com Registered Office: 2nd floor Prakashdeep Building 7 Tolstoy Marg New Delhi 110001 India.