



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

PROPOSAL FOR INSURANCE ON OWN LIFE
(Not to be used for Insurance on the Lives of Minors)

HYDERABAD DIVISION

(All answers to be filled in legibly. Answers must be given in words.
Strokes of the pen or dots or dashes will not be accepted as replies.)

Proposal No.

Agent Code No.

Inward No. & Date

Branch

DO Code

Initials

Affix Here
Your Latest
Photograph

Agent's Name _____ Licence No. _____ Date of Expiry _____

1.	Full Name and Address to which communication is to be sent :						Short Name :			
	Pin <input type="text"/>						Object of Insurance		Date of Ppl	
Telephone No. _____ E-mail _____						Place of Birth		Nationality	Sex	
Residential address, if different from above						Father's Full Name (including surname)				
Telephone No. _____ Pin <input type="text"/>						SB/Current A/c. No. _____ Name & Address of Bankers:				
2A	Nominee's Full Name and Address						Age	Relationship to yourself		
2B	If Nominee is Minor Appointee's Full Name & Address				Relationship to Nominee		Age	Signature of Appointee as token of consent		
3A	Plan & Term	Sum Proposed	PWB (if required)	Term Rider Sum Proposed (if required)	Critical Illness Sum Proposed (if required)	Is Accident Benefit required	Mode	BOC No.	Date	Amount deposited
								1)		Rs.
								2)		Rs.
								3)		Rs.
	Date of Birth	Age (nearer birthday)	Nature of Age-proof submitted		if policy is to be dated back indicate date			4)		Rs.
Paying Authority Code			Dept. No.		Badge or S.R. No.			If age proof is service record What proof was submitted to employer ?		
3B	Has the Agent explained you fully about the terms & conditions of the plan ?									
3C	Have you understood fully the terms and conditions of the plan you propose to take ?									
4A	Present Occupation						Exact nature of Duties			
4B	(i) Name of the present Employer						Length of Service with him		Are you an income tax Assessee ?	
	(ii) Place of Employment									
5	Educational Qualification		Annual Income Rs.		Source of Income			Policy Number		
	Underwriter's Decision with Full Signature									

PLEASE USE BLOCK LETTERS