



**PERSONAL DETAILS OF LIFE PROPOSED**

RECORD FORM

NAME OF AGENT AND CODE NO.:

NAME \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

MOHTER'S NAME: \_\_\_\_\_ NAME OF SPOUSE. \_\_\_\_\_ EMAIL ID: \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ AGE PROOF \_\_\_\_\_

NOMINEE'S NAME: \_\_\_\_\_ RELATION \_\_\_\_\_ AGE \_\_\_\_\_ (NOMINEE ID PROOF REQD)

APPOINTEE'S NAME (IF NOMINEE IS MINOR) \_\_\_\_\_ AGE: \_\_\_\_\_ RELATION WITH NOMINEE \_\_\_\_\_

PLAN & TERM \_\_\_\_\_ SUM ASSURED (Rs.) \_\_\_\_\_ PREMIUM(Rs.) \_\_\_\_\_

MOBILE No.: \_\_\_\_\_ MODE OF PAYMENT: Y/HLY/QTLY/MLY \_\_\_\_\_ .QUALIFICATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ .....NATURE OF WORK \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_ PERIOD OF SERVICE \_\_\_\_\_

HAVE YOU TAKEN MEDICAL LEAVE IN LAST 5 YEARS: \_\_\_\_\_ WHAT IS STATUS OF HEALTH: \_\_\_\_\_

FAMILY HISTORY	MENTION NUMBER OF BROTHERS SISTERS AND CHILDREN		
	AGE	AGE AT DEATH	CAUSE
Father			
Mother			
Brother (s)			
Sister (s)			
Wife/Husband			
Children			

PERSONAL DETAILS	
HEIGHT	CM
WEIGHT	KGS
ID MARK	

PREVIOUS POLICY NUMBERS:	
1	
2	
3	
4	
5	

IF USING SPE CT. :  
POWER (RT. EYE \_\_\_\_\_ LEFT EYE \_\_\_\_\_)  
Any disability/accident/operation \_\_\_\_\_

**ADDITIONAL INFORMATION IN CASE OF MINOR / FEMALE**

FEMALE INSURANCE	
Husband's Name	
Husband's occupation	
Husband's Policy Nos.:	
Date of Last Delivery	
Are you Pregnant: YES / NO	

CHILD POLCIES/ MINOR	
In case of Student, Class:	
Proposer's D.O.B. _____ Age Proof _____	
Proposer's Height _____ cms Weight: _____ Kgs	
Proposer's Education	
Occupation & Income	
Employer's Name	
Year of Service _____ Spouse Name:	
Prev. Policy Nos of Proposer/Family Members::	

**REQUIREMENTS OR DOCUMENTS: (SELF ATTESTED)**

1. One Passport Size Photo 2. Pan Card

3. Address Proof 4. **Nominee's ID & Add. Proof**

5. Proposal Form siged by LA/Proposer

6. In case of Child Policy: Proposer's Photo, Age Proof, Address Proof is reqd.  
in case child age is 5 or above, Photo, height weight and School going proof is also reqd.

7. In case of monthly mode: Cancelled Cheque, Nach Form with 2 Months Premium reqd. 8. in case of PWB, separate F.No. 300 reqd.

FOR AGENT RECORD	
1. PROPOSAL NO.:	
2. POLICY NO.:	
3. NACH DEBITED DATE	

SIGNATURE OF LIFE ASSURED/PROPOSER

TAKE FIVE CLOSE REFERENCES:...AND NOTE BIRTHDAYS AND ANNIVERSARIES OF FAMILY MEMBERS