

## **MEMBER INFORMATION FORM**

## **OTHER ENTITY**

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member.

Please do not sign blank Proposal form]

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	p Jeevan Suraksha (Micro p Suraksha (Micro-Insura		ct)			
Sum Assured (INR)		m (INR)		Cover Term	( mths)	Moratorium Period (yrs) □□
		\ /				f Yearly □ Quarterly □ Monthly□
	=		iyillelli Fleq	uency. Single		1 Tearry   Quarterry   Invionitiny
Cover Type: Single Life ☐ Joint Life ☐  Main Benefit:(level/decreasing) Interest Rate: ☐ %  Extra Life Benefit ☐						
Main Benefit:(level/	decreasing) Interest Rate	: ⊔⊔%				Extra Life Benefit□
Particulars of Member: Mr/M					Date of Birth/Age	e(vrs): dd/mm/vvvv/
Address:					Gender: M	
Particulars of Joint Life Assured(if any): Mr/Mrs.						
Gender: M /F/Tg Relationship with MemberLoan Account No 1Loan Account No. 2Loan Type						
Particulars of Legal Guardian (if Member / Joint Life Assured is a minor): Mr/Mrs.						
Date of Birth/Age (yrs): dd/mm/yyyy / Gender: M /F/Tg Relationship with Member / Joint Life Assured						
PAN No.: □□□□□□□ (submit Form 60 if PAN not available)						
Nominee / Appointee Details		_	1	1	1	
	Name	Date of Birth	Gender	% Share	Contact No.	Relationship to
Nominee 1:		dd/mm/yyyy				Member
Nominee 2:		dd/mm/yyyy				Member
Appointee:		dd/mm/yyyy				Nominee if nominee is below 18 yrs of age
Signature/Thumb Impression of the Member						
					Date & P	Place:
DECLARATION OF GOOD H						
<ol> <li>Are you in sound state of health? ☐ Yes ☐ No</li> <li>Have you ever undergone, or expect to undergo any surgical procedure for any illness, ailment, disease or disability? ☐ Yes ☐ No</li> </ol>						
		y disease/ailment re	equiring any	form of med	ication for more th	an 7 consecutive days, or been absent
from work for more than 7 of	lays! □ Tes □ No					
For Female Lives only:						
1. Are you pregnant now? ☐ Yes ☐ No						
2. If response to (1) if yes, please mention how many weeks (Please attach pregnancy questionnaire)						
3. Have you ever suffered from						m? □ Yes □ No
II Do you engage or intend to en						
III Do you have any history of conviction under any criminal proceedings in India or abroad? ☐ Yes ☐ No						
IV Have any proposal for insurance, or revival of policy on your life to this company or any other insurance company been postponed/declined/accepted on terms						
other than proposed? $\square$ Yes $\square$ N	10					
Declaration to be made by a 3rd	d person where: a) The M	Iember has affixed	l his/her thu	mb impressio	on; OR b) The Me	ember has signed in vernacular; OR
c) The Member has not filled the application.						
						ige and have truthfully recorded the
answers provided to me. I further	er declare that the Membe	er has signed/affix	ed his/ her th	numb impress	sion in my present	ce.
Signature/Thumb impression of V	Vitness* Signatur	e of the Declarant	Name &	Address		
Signature, Thumb impression of v		Place:	rvaine o	c Address		
Occupation						
* Witness Signature, Address and Occ	supation is required along with	signature of Member				
Declaration made by Legal Gua	ardian if any of the Memb	oer or Joint Life A	ssured is a	minor: I here	by declare that the	e content of the form and document
filled up by the Member or Joint Life Assured is accurate and true to my knowledge.						
	Ç	Signature / Thumb	Impression	of the	Sionature	e / Thumb Impression of the
		egal Guardian (if N				(if Joint Life Assured is a Minor)
		(11 1		/	- 6 Jun unum	
					Note: PLEASI	E DO NOT SIGN BLANK FORM