

MEMBER INFORMATION FORM

OTHER ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member. Please do not sign blank Proposal form]

Sum Assured (INR) Premium (INR) Cover Term (mths) Moratorium Period (yrs) Premium Payment Option: Regular Single Limited Premium Payment Frequency: Single Yearly Half Yearly Quarterly Monthly Cover Type: Single Life Joint Life Main Benefit: (level/decreasing) Interest Rate:
Cover Type: Single Life
Main Benefit:(level/decreasing) Interest Rate: \(\) \(
Particulars of Member: Mr/Mrs. Date of Birth/Age(yrs): dd/mm/yyyy/_ Address: Gender: M /F/Tg Particulars of Joint Life Assured(if any): Mr/Mrs. DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Address: Gender: M /F/Tg Particulars of Joint Life Assured(if any): Mr/Mrs. □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
Address: Gender: M /F/Tg Particulars of Joint Life Assured(if any): Mr/Mrs. □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
Particulars of Joint Life Assured(if any): Mr/Mrs. Description Description Date of Birth/Age(yrs): dd/mm/yyyy / Gender: M/F/Tg Relationship with Member Loan Account No 1. Loan Account No 2 Loan Type
Gender: M /F/Tg Relationship with Member Loan Account No 1. Loan Account No 2 Loan Type Loan 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 AssuredPAN No.: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
PAN NO LILLICITUDE (Submit form of it PAN not available)
Nominee / Appointee Details:
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 & Place:
Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR
c) The Member has not filled the application.
I hereby declare that I have explained the contents of this application form to the Member inlanguage and have truthfully recorded the
answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.
Signature/Thumb impression of Witness* Signature of the Declarant Name & Address
Date & Place:
Occupation
* Witness Signature, Address and Occupation is required along with signature of Member
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