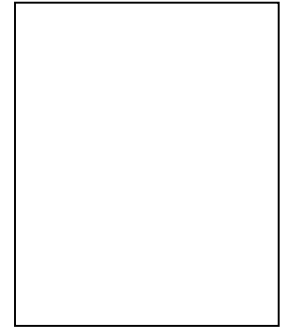


Client ID:

## CLIENT ENROLLMENT FORM



Latest Photograph

1. Full Name of the client :

\_\_\_\_\_

2. Date of Birth as on (Proof) \_\_\_\_\_

Educational Qualification \_\_\_\_\_

3. Marital status \_\_\_\_\_ Annual Income \_\_\_\_\_

4. Spouse Name: \_\_\_\_\_

5. Spouse Occupation: \_\_\_\_\_

6. Residential Address with Pin Code \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Res. Telephone No / Mobile No \_\_\_\_\_ Home No. \_\_\_\_\_

Office Telephone No \_\_\_\_\_

8. Office Address with Pin Code \_\_\_\_\_

\_\_\_\_\_

9. Company Name \_\_\_\_\_

10. Designation / Department \_\_\_\_\_

Work Profile \_\_\_\_\_

11. PAN Card No. \_\_\_\_\_

### 12. Details of Family

	Age at Last Birthday	Health Status	Deceased Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				
Spouse				

13. Height \_\_\_\_\_ Weight \_\_\_\_\_

14. Nominee Details:

Name of the Nominee	Address of the Nominee	Relationship with Life to be insured	Date of Birth

15. [Drinks / Gutka / Pan Masala / Cigarette]

Quantity (gms/ml/sticks)                      Frequency (per day/per week/monthly)                      Since how many Yrs -

16. Any medical Problems:

17. Bank Name (Savings) \_\_\_\_\_ MICR code \_\_\_\_\_

18. Bank Address: \_\_\_\_\_

Bank Account No: \_\_\_\_\_ Banking Since When: \_\_\_\_\_

19. DMat A/c No. \_\_\_\_\_

20. Chartered Accountant's Name & No. : \_\_\_\_\_

21. Existing Lic/Insurance Agent No. : \_\_\_\_\_

22. NRI Status            Yes/No

23. References :

	Name	Contact No.	Location	Occupation
1.				
2.				
3.				
4.				
5.				

**DOCUMENTS REQUIRED :-**

- 1) PHOTO: 2 COPIES**
- 2) AGE PROOF: BIRTH CERTIFICATE, SCHOOL LEAVING CERTIFICATE, ELECTION CARD, PAN CARD, PASSPORT, RATION CARD, DRIVING LICENSE**
- 3) ADDRESS PROOF: PASSPORT, RATION CARD, LATEST TELEPHONE / ELECTRICITY BILL (LAST 2 MONTHS BILLS), DRIVING LICENSE, LEAVE & LICENCE AGREEMENT, BANK STATEMENT-LAST 6 MTH.**
- 4) ITR OF LAST 3 YRS OR FORM 16 A/ LAST 3 MNTHS SALARY SLIPS.**

Client Signature