

Application No.

Name of the applicant:-

Policy / application no	Company name	Year of issue / application	Base sum assured	Rider Sum assured	Annual premium	Policy decision (Terms of acceptance)	Medical policy	Current policy status (In Force, Lapse, cancelled, etc.)

DECLARATION: I confirm that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name of the applicant:-

Date:- \_\_\_\_\_

Signature of applicant:- \_\_\_\_\_