Form No.300(BN)

LIFE INSURANCE CORPORATION OF INDIA (Established by the LIC Act 1956)

Branch	Office	Proposal No	Agent's Name			
Licence	e No	Dt. of Expiry	Agent's & DO Code			
the lang	guage of	b be filled in by the proposer in his/her ow this form or he/she is illiterate, the propo ty as per normal rules.				
1	a)	Name in full (IN BLOCK LETTERS): Mr. /Mrs./Miss				
	b)	Short Name				
	c)	Address for Correspondence				
	d)	Nationality				
	e)	Are you resident in India				
	f)	Father's Name in full				
2	a)	Table/Term	.b) Sum Assured			
	c)	Amount of deposit	.d) Date of Birth			
	e)	Age Proof				
3	a)	Nominee under Section 39 of the Insurance Act, 1938, to whom policy moneys will be payable in the event of death.				
		Nominee's full name:	OCK LETTERS)			
		Full Address				
	b)	Appointees Name with signature to whom the policy money is payable in the event of the claim arising during the minority of the nominee.				
		Full Name of the Appointee:	(IN BLOCK LETTERS)			
		Full Address	· · · · · · · · · · · · · · · · · · ·			
		Signature of the Appointee				
		Relationship to the Nominee				
		Age of Appointee				

4	(a)	Presen	t Occupation					
	(b)	Nature	of duties					
	(c)	Annual	Income					
	(d)	Total Sum Assured under Previous policies under Table 132						
5	(a)	Has a proposal on your life or an application for revival of a policy on your life made to this or any other Office of the Corporation ever been						
		(i)	Declined		:	Yes/No		
		(ii)	Accepted with e State the higher Imposed (exclu		:			
	(b)	revival	proposal/applicat pending with any rporatin, if so, giv	/ office of	:			
6	Your exact Height without shoes (in cms)							
	Your ex	kact We	ight (in Kgs.)		:			
					r 'Yes' oı ' give det			
7	Are you	u at pres	ent in good heal	th?	:			
8	Have you ever been admitted to a Hospital/Nursing Home for taking Treatment for a week or more during The last 3 years? (If 'Yes" give details)				:			
9	Have you any physical deformity? If Yes, give details and total Sum Assured in force under all previous policies taken during last five calendar years including current year.							
10	To be answered by female proposer only a) Total sum assured in force under all Previous Policies taken during last 5 calendar years including current year				:			
	b)	f you are married						
		(i)	Are you pregna	nt now?	:			
		(ii)	have you had a related problem		:			

DECLARATION BY THE PROPOSER

Dated at	on the day	199
Name of witness		
Signature of witness		
Occupation		
Address		
		Signature or thumb impression of the person whose life is proposed to be assured

If the answers to the questions in this form are given in vernacular and the proposer signs in vernacular then the proposer signs in varnacular then the proposer should declare in his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully and properly understanding the same.

OR

In case the proposer is illiterate, the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him/her.

Address of the declarant	
	(Signature of the Declarant)

NOTE: In case of dispute in respect of interpretation of terms the English version shall stand valid.