

Sr.	/Br. Manager	PI	IFB INSURANCE CORPORATION OF INDIA	Date:
	of India			
		_Branch		
		Division		
De	ar Sir			
	Re: Proposa	al No	Dated _	
Wi	th reference to th	ne above proposal, j	please refer to item No	below
ΙR	EQUEST YOU T	O/ AGREE FOR IS	SSUE OF POLICY	
1.	Under Plan	Term	For Rs	with risk
	commencing fro	om		
2.				
۷٠	With Age Proof	Extra / Health Ext	tra / Impairment Extra / Single	Extra at Rs
۷.	per thousand s	um assured per an	nnum.	
3.	per thousand s Without Acciden	um assured per an nt Benefit / Disabil	nnum. ility Benefit / Premium Waiver E	Benefit / Term Rider
3. 4.	per thousand s Without Accident With Accident E	um assured per an nt Benefit / Disabi Benefit RESTRICTE	nnum. ility Benefit / Premium Waiver E ED TO Rs.	Benefit / Term Rider
3. 4. 5.	per thousand s Without Accident With Accident E	um assured per an nt Benefit / Disabi Benefit RESTRICTE	nnum. ility Benefit / Premium Waiver E	Benefit / Term Rider
3. 4. 5. I C	per thousand s Without Accident With Accident E	um assured per annt Benefit / Disabil	nnum. ility Benefit / Premium Waiver E ED TO Rs.	Benefit / Term Rider
<ul><li>3.</li><li>4.</li><li>5.</li></ul>	per thousand s Without Accident With Accident E ONFIRM The Date of Pro	um assured per annt Benefit / Disabil Benefit RESTRICTE	nnum. ility Benefit / Premium Waiver E ED TO Rs.	Benefit / Term Rider
3. 4. 5. I C	per thousand s Without Accident With Accident E ONFIRM The Date of Pro	um assured per annt Benefit / Disabil Benefit RESTRICTE  posal as  Question No	nnum. ility Benefit / Premium Waiver E ED TO Rs.	Benefit / Term Rider
3. 4. 5. I C 6. 7.	per thousand s Without Accident With Accident E ONFIRM The Date of Pro The Answer to C That I have give	um assured per annt Benefit / Disabil Benefit RESTRICTE  posal as  Question No	nnum.  Elity Benefit / Premium Waiver E  ED TO Rs  of proposal as	Benefit / Term Rider
3. 4. 5. I C 6. 7.	per thousand s Without Accident With Accident E ONFIRM The Date of Pro The Answer to C That I have give	um assured per annt Benefit / Disabil Benefit RESTRICTE  posal as  Question No	nnum.  ED TO Rs.  of proposal as  of mine only after fully unders	Benefit / Term Rider
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3. 4. 5. I C 6. 7. 8.	per thousand s Without Accident With Accident E ONFIRM The Date of Pro The Answer to 0 That I have give meaning and in	um assured per annt Benefit / Disabil Benefit RESTRICTE  posal as  Question No	nnum.  ED TO Rs.  of proposal as  of mine only after fully unders	Benefit / Term Rider
3. 4. 5. I C 6. 7. 8.	per thousand s Without Accident With Accident E ONFIRM The Date of Pro The Answer to 0 That I have give meaning and in	um assured per annt Benefit / Disabil Benefit RESTRICTE  posal as  Question No	nnum.  ED TO Rs.  of proposal as  of mine only after fully unders	Benefit / Term Rider
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