## LIFE INSURANCE CORPORATION OF INDIA

	LIFE	INSURANCE	CORPC	MATION OF INDIA	_
Name:					Date:
Address:					
То					
The Branch Ma	nager				
LIC of India,	mager,				
LIC OI IIIdia,	Branch	Office			
	Branch	Office.			
Dear Sir,					
Dear on,	Re: Pron	osal for Rs	on t	he Life of Sri	
	rte. 11op	0541 101 145		ne Ene of Sil	
	With refe	erence to the abo	ve proposal	submitted by me I have to	inform you as follows with
regard		me, insurance par			
3.0	,	, <u>F</u>			
1. My PA No. f	or Income	Гах is:-			
2. My yearly in					
Before tax is as					
i) Salary	1		Rs		
ii) Dividends			Rs.		
iii) Directors Fees			Rs.		
iv) Interest on Loans			Rs.		
v) Share of retained profits			Rs.		
vi) Net Income from property			Rs.		
vii) Agricultural Income			Rs.		
viii) Any other	income (spe	ecify)	Rs.		
3. The total in	force insu	rance on my life			
•\	1 1		Total S	Sum Assured T	otal Yearly Premium
,	dividual				
,	UF MI				
,					
iv) Partnership v) Employer-Employee					
vi) Insurance from private companies.					
11) Insurance from privace companies.					
4 I give below	information	about the incom	e total insu	rance in force, total premium	1
		family members.	ie, totai insu	rance in force, total premium	•
uniount per j	<b>cui</b> 101 111)				
		Yearly income	from	Total Insurance in force	Premium per year
		All sources (Be			1 1
i) Father					
ii) Mother					
iii) Wife					
iv) Children					
1)					
2)					
3)					
	sed on min	or life if all sibli	ngs are not	adequately insured reason	for the same.)
			C	2 0	
Mobile No. of t	the Propos	er/ Life to be ass	ured:		
E- Mail Id of the	he Propose	r/ Life to be assu	ured:		
Thanking you,					yours faithfully,
					(Name of Proposer)