	h Insurance Plans Collection Form		Application Number:
This form is to be detached and dispatched to respective TPA on a daily basis, post contract creation affix STAMP size photographs ers Name:			
	Proposer/Primary Insured		Spouse
Please Affix STAMP Size Photographs	Name:	Please Affix STAMP Size Photographs	Name:
Please	Child 1 (C1) / 1st Child	Please	Child 2 (C2) / 2nd Child
Affix STAMP Size Photographs	Name:	Affix STAMP Size Photographs	Name:
	Child 3 (C3) / 3rd Child		Child 4 (C4) / 4th Child
Please Affix STAMP Size Photographs	Name: 	Please Affix STAMP Size Photographs	Name:
Diagon	Dependent 1 (D1) / Father of Primary Insured	Places	Dependent 2 (D2)/ Mother of Primary Insured
Please Affix STAMP Size Photographs	Name:	Please Affix STAMP Size Photographs	Name:

Please Affix STAMP Size Photographs

Dependent 3 (D3) / Father In law of Primary Insured

Name:

Dependent 4 (D4) / Mother in law of Primary Insured

Name:

Proposers / Primary Life Signature:

Date:

Please

Affix

STAMP

Size

Photographs

Place:



Reliance Life Insurance Company Limited (Reg. 121) Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: 9th and 10th Floor, Bldg. No. 2, R-Tech Park, Nirlon Compound, Next to Hub Mall, Behind Oracle Bldg., Goregaon (E), Mumbai, Maharashtra 400 063. For more information or any grievance, 1. Call us on our 24 X 7 Call Centre number - 3033 8181 (Local call charges apply) or our Toll Free Number 1800 300 08181 or 2. Visit us at www.reliancelife.com or 3. Email us at: rlife.customerservice@relianceada.com or 4. Fax: 022 3000 2222 Insurance is the subject matter of the solicitation. CIN: U66010MH2001PLC167089