

SDS	Form
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Name of the Employer

Group Code

Date	D	D	\mathbb{M}	\mathbb{M}	Υ	Υ	Υ	Υ
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Details of Employees

Sr. No.	Name of the Employee	Date of Resignation (If Applicable)	Policy No.	Due Date	Premium Amount
				Total Premium	

Note

- 1. The Total Amount should tally with the cheque amount
- $2. \ \mbox{This} \ \mbox{form} \ \mbox{should} \ \mbox{be} \ \mbox{duly} \ \mbox{filled} \ \mbox{up} \ \mbox{and} \ \mbox{submitted} \ \mbox{along} \ \mbox{with} \ \mbox{the} \ \mbox{premium} \ \mbox{cheque}$

Branch Stamp & Date

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ate	D	D	M	$\wedge \wedge$	Υ	Υ	Υ	Υ

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll-Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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