

Nomination Form

Policy No.

Form for effecting/changing nomination by holder of the policy on his/her own life

Customer Contact No.

I, F I R S T M I D D L E L A S T (Policy Owner)

hereby nominate Mr./Mrs./Ms. F I R S T M I D D L E L A S T Aged years,

Gender Male Female

who is my (relationship)

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pin Code

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

as the person(s) who is/are authorised to receive the money in the above mentioned policy, in the event of my death, in lieu of the earlier mentioned nominee,

Mr./Mrs./Ms. F I R S T M I D D L E L A S T

Signature of the Policyholder

Date D D M M Y Y Y Y

In case of the Nominee being a Minor

I hereby appoint Mr./Mrs./Ms. F I R S T M I D D L E L A S T (Appointee),

Aged years Gender Male Female who is the nominee's (relationship)

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pin Code

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

as the appointee for the nomination of a minor.

Signature of the Policyholder

Date D D M M Y Y Y Y

I, F I R S T L A S T do hereby give my consent to my appointment as appointee under the contract.

Signature of the Appointee

Date D D M M Y Y Y Y

Name of the Witness F I R S T M I D D L E L A S T

Signature of the Witness

Address of the Witness F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pin code

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

Witness details are mandatory for all nomination requests

