

LIFE INSURANCE CORPORATION OF INDIA

BRANCH OFFICE

N.B Dept
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Date:

Dear Sir/Madam,

Re: Proposal No.

Own life.

We thank you for your above proposal and request you to furnish the following requirements / information for further consideration of the proposal:

- 1. Your physical measurements retaken by a different Medical Examiner.
- 2. An authentic age proof such as School Certificate or Birth Certificate.
- 3. Your consent for
- 4. Balance of premium Rs..... to be remitted to us.
- 5. The enclosed form duly completed in all respects.
- 6.

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Our Agent/ Development Officer will assist you in this regard.
Assuring you of our best services always.

yours faithfully

p.Sr. / Branch Manager

CC to : Agent/Dev. Officer.