

Life Insurance Corporation of India

Female Life – Category I Addendum to Proposal

(To be filled in by the female proponent who is employed in institution where NMS is not applicable)

1. Name of the Life to be Assured :
2. Name of present employer :
Year of Establishment :
Address & Telephone No. :
3. Name of previous employer, if any :
address & telephone no. :
4. Date of joining :
5. Salary per month :
6. Nature of job :
7. Evidence of employment :
(attach zerox duly signed by the person)
 - a. salary slip :
 - b. Identity card :
 - c. ESIS Card :
 - d. Employer's Certificate :
 - e. Copy of appointment letter :
 - f. Any other evidence (to be specific) :

DECLARATION

I, Mr/Mrs/Ms..... Hereby declare that the foregoing statements are true and correct and shall form part of the proposal form for insurance on my life.

Dated this day of 200 .

(Signature of the proposer)

Witnessed by:

1. Signature of agent
2. Signature of Development Officer.