



Request for Registration/ Change of Nomination in respect of PLI/ RPLI Policy

(refer Section 39 of Insurance act 1938) (Not applicable in case of policy under MWPA 1874)

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

2. Occupation

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3. Communication Address

Village		Taluka	
City		District	
State		Country	PIN

4. Particulars of Policy:

i. Policy No.

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ii. Policy Type

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iii. Sum Assured

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iv. Date of Acceptance

	/		/	
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v. Premium Ceasing Age

	Years
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5. a. State particulars of the nominees (not more than three Nominees)

i. Sole/ First Nominee Details- (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

Relationship:

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 Share %age:

	%
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 Gender: M F

Date of Birth:

	/		/	
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 Age:

	Years
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Communication Address

Village		Taluka	
City		District	
State		Country	PIN

Phone No.

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E-mail ID (If any)

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ii. Second First Nominee Details- (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

Relationship:

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 Share %age:

	%
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 Gender: M F

Date of Birth:

	/		/	
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 Age:

	Years
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Communication Address

Village		Taluka	
City		District	
State		Country	PIN

Phone No.

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E-mail ID (If any)

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iii. Third Nominee Details- (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

Relationship: Share %age: % Gender: M F

Date of Birth: / / Age: Years

Communication Address

Village	Taluka
City	District
State	Country
	PIN

Phone No. E-mail ID (If any)

b. Appointee Details (If nominee is minor)

First Name	Middle Name	Last Name

Relationship: Gender: M F

Date of Birth: / / Age: Years

Communication Address

Village	Taluka
City	District
State	Country
	PIN

Phone No. E-mail ID (If any)

Date: _____

Signature of Insurant
 Name:.....
 Phone no.:
 Office:.....
 Residence:
 Mobile no.:

Signature of Witness 1:
 Name:.....
 Phone no.:.....
 Office:.....
 Residence:
 Mobile no.:.....

Signature of Witness 2:
 Name:.....
 Phone no.:.....
 Office:.....
 Residence:
 Mobile no.:.....