

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)

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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:
Communication Address
Village   Taluka     City   District
State Country
Phone No. E-mail ID (If any)
<b>b. Appointee Details</b> (If nominee is minor)
First Name       Middle Name       Last Name
Relationship:
Date of Birth:
Communication Address
Village   Taluka     City   District
State   Country
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.:...