

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.