

# LIC DATA SHEET

**Please fill in Capital letters only.**

Track Id. No. :- \_\_\_\_\_ Mob. No. :- \_\_\_\_\_

Name in full :- \_\_\_\_\_

Father's full name :- \_\_\_\_\_

Present address :- \_\_\_\_\_  
\_\_\_\_\_

Occupation :- \_\_\_\_\_ Nature of work :- \_\_\_\_\_

Name of Employer :- \_\_\_\_\_ Length of service :- \_\_\_\_ Yrs. PAN No. :- \_\_\_\_\_

Date of birth :- \_\_\_\_\_ Place of birth :- \_\_\_\_\_ Age :- \_\_\_\_\_

Education :- \_\_\_\_\_ Income :- \_\_\_\_\_ Tax Payer :- Yes / No

Name of Nominee :- \_\_\_\_\_ Relationship :- \_\_\_\_\_ Age :- \_\_\_\_\_

## FAMILY HISTORY

Relationship	Age.	Age of death	Cause of death
Father			
Mother			
Brothers			
Sisters			
Husb/Wife			
Children			

## DETAILS OF PREVIOUS INSURANCE

Policy No	S.A	Mode	T/T	D.O.C

Height :- \_\_\_\_ Weight :- \_\_\_\_ Abdomen :- \_\_\_\_ Chest :- \_\_\_\_ Identification : \_\_\_\_\_

## In case of Female proponent :-

Last delivery date :- \_\_\_\_\_ Abortion / miscarriage / pregnancy deseas

Maiden Name :- \_\_\_\_\_

Husband's full Name :- \_\_\_\_\_

His occupation :- \_\_\_\_\_ Yearly Income :- \_\_\_\_\_ Tax Payer :- Yes / No

Policy No. 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Date :- \_\_\_\_\_

Specimen Signature :- \_\_\_\_\_