

LIC DATA SHEET / FEMALE LIFE

Please fill in Capital letters only.

Track Id. No. :- _____ Mob. No. :- _____ Phone No _____

Name in full :- _____ Father's full name :- _____

Present address :- _____

Occupation :- _____ Nature of work :- _____

Name of Employer :- _____ Length of service :- _____ Yrs. PAN :- _____

Date of birth :- _____ Place of birth :- _____ Age. :- _____ Education :- _____

Table / Term _____ Sum Assured _____ Premium _____ Mode _____

Income :- _____ Tax Payer :- Yes / No Name of Nominee :- _____

Relationship :- _____ Nominee DOB :- _____ Age :- _____

FAMILY HISTORY

Relationship	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				
Husband/Wife				
Children				

Height :- _____ Weight :- _____ Specs Power :- _____ Identification :- _____

Surgery if any _____

Hospitalisations if any _____

Documents Required :-

- 1) Age Proof, 2) ID Proof, 3) Address Proof, 4) Passport size photo, 5) Latest pay slip, 6) Professional certificates
- 7) Previous Policy Details 8) Husband Policy Details 9) Last 3years IT Returns or Form 16
- 10) Discharge Summary in case of Hospitalizations 11) Cheque in favorer of "LIC OF INDIA" A/C payee.
- 12) Annexure A&B with proposer assets and liability's details (If sum assured exceeding Rs.20lakhs and above)

FOR FEMALE PROPONENT

Are you pregnant now?	Date of last delivery	Have you had any abortion or miscarriage or Caesarian section ? if so give details	Date of last Menstruation

Husband's full name	His Occupation	His annual Income

Date :- _____

Specimen Signature :- _____