



MULTIPLE PROPOSAL ADDENDUM

Divisional Office : **THANE**

Name of the Proposer :

Address : _____

Branch Office & Code No. :

Agency Code No. :

Dev.officer Code No. :

Page No.

S. No.	Plan & Term	Mode	Sum Assured Rs.	Whether DAB Reqd.	Whether Term Rider Required	Critical illness Rider Reqd. If so, whether PWB is reqd.	Date of Commencement	Name of the Nominee and relation to proposer
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
<i>Additional Form is to be used if the number of multiple proposals exceeds 12.</i>								
Total		No.	SA	Rs.				

I _____ (Name of the Proposer) the person whose life is herein being proposed to be assured, do hereby declare that the information given in this addendum shall form part of the proposal to which it is attached to.

Date:
Place:

Signature of the Proposer:
Signature of the person:
-witnessing proposer's signature: