Date:

Insurance Policy User Subscription Application (Applicant / User self-declaration)

Dear Sir/Madam,

At the outse	t I would	l like to	thank y	ou for	your	assistance,	for	helping	me o	out wit	th my	Life /	/ Health	insuranc
need.														

the fea	comparative plans/products available tures, benefits, terms etc., of the insu	urance plan of		(Insurance Company).
	of my own opted to take the	-		
	surance company), for (policy/pla			
	(Premium), ₹			(Premium in word) All
	formation furnished in the proposal/			`
I autho	ghly understanding, checking the sa orize BIJOCAP Finvest, to submit the ny for underwriting and issuing the	e prop <mark>osal/app</mark> licat	tion form and the applicable	documents to the said insurance
all the	ally satisfied with the above plan/pobest for its future endeavors. nce Details	olicy and the same	meets my requirement(s)/n	eed(s).I wish your organization
Sr.	Reference's Name	Relationship	Address	Mobile No.
4				
1.				
2.				
2.				
2.				
2. 3. 4. 5.	ne of applicant / user:		Signature of user:	Revenue Stamp

Signature of Authorizer:

Seal