The Mana															PL	EASE F	FILL IN E	ВLОСК	CAPITA	L
Bank Nan	ne		* 1							7		3								
Branch Applicant A		t Dote	aile.			-														
Applicant A	Accoun		250000000000000000000000000000000000000			1	C=i	0/			1 0	L		7	Dian	a Tiel	1.()		-	
Current A/C				Savings A/C Other (Mr/Mrs/Miss/Ms/Dr/Rev) Please Spe								Please Tick (✓)								
riue						IVITS/IV	IISS/ IVIS	אוטוא	(ev)		Please		еспу	<u></u>	. 61					
Name		-u-like	A.															+)		
				-														21	-	H
		- [4,					•						L
A/C to be d nsurance I	200000000000000000000000000000000000000	Dotail	•		1 11		2 2													
	Policy I	Jetan	S		7,000		/	10 10							DI	EACE	EILL IN	PLOC	CADI	TΛ
Γitle				IVITS/IV	liss/M	S/Dr/F	(ev)						-	PLEASE FILL IN			BLOCK CAPITA			
Name of Ins	surance	Policy	y Hold	er						-	-				2 3					-
					-				-											+
Policy Num	hor/Ca	do I																		L
		l							,										1	
Payment Frequency			Monthly				Quarterly				Bi Annual				Annual			Pleas	se Tick	(~
Due date	d	d			First Pa	aymer	nt Date		ci	d	171	m	У	У	У	У]			
inal Payme	ent Date	е	d	d	173	m	٧	У	У	У										
Premium A	mount	Rs.								Cts.										_
Amount in	words															*				1
							•							-				0.0000000000000000000000000000000000000		
Beneficiary Credited to		-	-	av Na	mal															
redited to	(IIISUIA		I	ly Ivan		a.	F						. \				T .	T		Τ
Bank																				T
						1														t
Bank Branc	h																			Ť
			o Com	nanu								<u> </u>					1			T
A/C Numbe Please refer o					bers	•									1 1 7					1
n view of the claims for loo being insuff instructions bayments a bayments, c	ne bank ss or da ficient fo are car re defau	mage, unds in ried ou ulted fo	which n my/o ut whe or lack	may a our ac n func of fur	rise thro counts Is subse ids. It is	ough e to me equent also u	rror, on et payr ly beco inderst	nission ments me av ood ar	or del on da ailable nd agre	ay or of tes spe The ba eed tha	therwisecified, ank will at stand	e how the balaiso d lard balais	soever ank ca cancel t ank cor	it is al nnot this ore	so und accept der wit	erstoc respo hout r	od that i onsibilit referen	in the e ty for e ce, in t	event o ensurir he eve	of ing
	e, the u		0.000				-				ccount	give	n in th	is doc	umer	nt and	make	paym	ents	
Custo	omer's	Signat	ure/s												7	Sign	nature,	/s veri	fied	
	•							*:												
Date	d	d ·	, m	m	У	У	¥	_ y			15.	,								ĺ
1 4 4		(1	ff	ic	1			C	P			SO # Bran		de					
Ter	ansactio	n Code			16		Data	input b	ov C					7	ecked	by				