

DATA SHEET

Team: _____



As a Team We can achieve

REQUIREMENTS

1. Photograph
2. Residence Proof
3. Age Proof Income Proof
4. Photo Identity Proof
5. Premium or Advance

Agent: _____ C. No: _____
F.Y: _____ Month: _____
Fortnight I Or II
Target for the Year: _____
Lives: _____ Premium: _____
Club Membership: _____

Individual Employer Employee Scheme PPF Scheme Hindu Undivided Family (HUF) Scheme
Married Women's Property Act Scheme Partnership Insurance Key Man Insurance Health Insurance

Name of the Plan: _____ Plan & Term: _____ Sum Assured: ₹ _____

AD & DB: _____ T.R.B: _____ C.I.B: _____ Mode: _____ Premium: ₹ _____

If it is a packaged Plan then Package Addendum If it is under NMS...NMS Addendum

① Full Name: _____ Short Name: _____

① -Self _____ Spouse: _____

Email - Self _____ Spouse: _____

Communication Address: _____

Permanent Address: _____

Place of Birth: _____ Sex: _____ Nationality: _____

Date of Birth: _____ Age: _____ D.O.M: _____ Qualification: _____

Identification Marks: _____

Height: _____ Cms. Weight: _____ Kg. Abdomen: _____ Cms. Chest: _____ Cms.

Any Operation/Accident/Abnormality-Physical or Mental & S.O.H: _____

Nominees Full Name & Address: _____

Age: _____ Relationship to yourself: _____ If Nominee is Minor, Appointees Full Name &

Address: _____ Relationship: _____ Age: _____

② Occupation: Pvt Service S. Govt Service C. Govt Service Reputed Pvt Organisation:

Public Sector Professional Business Self Employed: Any other

P.A Code No: _____ Dept. No: _____ Badge or S.R No: _____

Designation & Exact Nature of Duties: _____

Colleague's Name: _____ Designation: _____ ①: _____

Name of the Employer / Office & Location: _____

Length of Service: _____ Annual Income: ₹ _____ PAN No: _____

Income Tax Assesse: Yes or No. Any other Income: ₹ _____ Spouse Income: ₹ _____

SB/Current A/C No: _____ Bank: _____ IFSC Code: _____

③ PREVIOUS POLICIES

Policy No	Br / Ins Co	Plan & T	Sum Assured	Mode	D.O.C	Remarks

④ FAMILY HISTORY

Members	Name	D.O.B /d.o.m	Age & S.O.H	Age @ Death Year of Death	☎ Cell no
Father					
Mother					
Brothers(L)					
Brothers(D)					
Sisters(L)					
Spouse					
Children(L)					
Children(D)					
Name of the Child		Class	School / College		Total Yly Fees

⑤ FEMALE LIVES

Name before Marriage with Surname: _____

Are you Pregnant now? Yes No Date of last Delivery: _____ D.O.L Mensuration: _____

Husband's Name: _____ D.O.B: _____ Age: _____

His Occupation: _____ Name of his Employer / Office & Location: _____

Annual Income: ₹ _____ Income Tax Assesse: Yes No

Husband's Friend Name: _____ Designation: _____ ☎: _____

Details of Husbands Insurance: (Including policies Surrendered and lapsed during last 3 years)

Policy No	Br/Ins Co	Plan & T	Sum Assured	Premium	Mode	Remarks

⑥ REFERENCES

S.NO	Name & Relation	Res Address	Official Address	Cell No's & Email
1				
2				
3				

I have fully understood the terms and conditions of the proposed Plans/s and I am aware of all the facts pertaining to life Insurance.

Additional Info if any: Aadhar No: _____

Customer Review Sheet Updated: Follow Up after 2 Yrs

Signature of the Proposer / Life Proposed