Form No.300(BN)
LIFE INSURANCE CORPORATION OF INDIA
(Established by the LIC Act 1956)

Branch Office ………………. Proposal No ………………. Agent’s Name …………………………….

Licence No ………………. Dt. of Expiry ………………. Agent’s & DO Code …………….

NOTE:
This form has to be filled in by the proposer in his/her own handwriting. If he/she cannot write in
the language of this form or he/she is illiterate, the proposal form can be filled in by the
Agent/Third party as per normal rules.

1 a)  Name in full (IN BLOCK LETTERS):  ………………………………………………
     Mr. /Mrs./Miss  ………………………………………………

b)  Short Name  ………………………………………………

c)  Address for Correspondence  ………………………………………………
     …………………………………………………
     …………………………………………………

d)  Nationality  …………………………………………………

e)  Are you resident in India  …………………………………………………

f)  Father’s Name in full  …………………………………………………

2 a)  Table/Term ………………………………. .b)  Sum Assured ………………………

c)  Amount of deposit ………………………. . d)  Date of Birth………………………….

e)  Age Proof …………………………………………..

3 a)  Nominee under Section 39 of the Insurance Act, 1938, to whom policy moneys
     will be payable in the event of death.

     Nominee’s full name: ………………………………………………………………..
     (IN BLOCK LETTERS)
     Age ……………………………..Relation to yourself ………………………………

     Full Address ………………………………………………
     …………………………………………………
     …………………………………………………

b)  Appointees Name with signature to whom the policy money is payable in the
     event of the claim arising during the minority of the nominee.

     Full Name of the Appointee: …………………………………………………
     (IN BLOCK LETTERS)

     Full Address …………………………………………………
     …………………………………………………

     Signature of the Appointee …………………………………………………

     Relationship to the Nominee …………………………………………………

     Age of Appointee …………………………………………………
4 (a) Present Occupation ........................................
(b) Nature of duties ........................................
(c) Annual Income ........................................
(d) Total Sum Assured under
Previous policies under ................................

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5 (a) Has a proposal on your life or an
application for revival of a policy
on your life made to this or any
other Office of the Corporation ever
been .................................................................

(i) Declined : Yes/No.................................

(ii) Accepted with extra; if yes,
State the highest extra
Imposed (excluding age extra) : .........................

(b) Is any proposal/application for
revival pending with any office of
the Corporation, if so, give the details : ......................

6 Your exact Height without shoes (in cms) : .................
Your exact Weight (in Kgs.) : .........................

Answer ‘Yes’ or ‘No’
(If ‘NO’ give details)

7 Are you at present in good health? : .........................

8 Have you ever been admitted to a
Hospital/Nursing Home for taking
Treatment for a week or more during
The last 3 years? (If ‘Yes’ give details) : .........................

9 Have you any physical deformity?
If Yes, give details and total
Sum Assured in force under all previous
policies taken during last five
calendar years including current year. : .........................

10 To be answered by female proposer only
a) Total sum assured in force under all
Previous Policies taken during last
5 calendar years including current
year : ............................................................

b) If you are married

(i) Are you pregnant now? : .................................

(ii) have you had any pregnancy
related problems at any time : .................................
DECLARATION BY THE PROPOSER

I ……………………………………………………………………………………………………………. do hereby Declare that the foregoing statements and answers have been given by me after fully understanding questions and the same are true, and complete in every particular. I agree that if any untrue averment by contained therein the said contract shall be absolutely null and void and all moneys which have been paid in respect thereof shall stand forfeited in part or full to the Corporation.

Dated at …………………………… on the ………………. day ………………………………. 199…..

Name of witness  …………………………………………………………………
Signature of witness ……………………………………………………………
Occupation ………………………………………………………………………..
Address ……………………………………………………………………………
……………………………………………………………………… Signature or thumb impression of the person whose life is proposed to be assured

If the answers to the questions in this form are given in vernacular and the proposer signs in vernacular then the proposer should declare in his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully and properly understanding the same.

OR

In case the proposer is illiterate, the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him/her.

I hereby declare that I have fully explained the Above questions to the proposer in …………… (language) and I have truthfully recorded the answers and explained to the proposer and that the proposer has affixed his/her thumb impression to the proposal form after duly understanding the contents thereof.

Address of the declarant …………………………………
…………………………………………………………………………
…………………………………………………………………………… (Signature of the Declarant)

NOTE: In case of dispute in respect of interpretation of terms the English version shall stand valid.