

**LIFE INSURANCE CORPORATION OF INDIA, SILCHAR DIVISIONAL OFFICE**

**ADDENDUM TO PROPOSAL FORM**

NAME OF THE PROPOSER \_\_\_\_\_

PROPOSAL NO. \_\_\_\_\_

**Details of Nominee**

Name	% Share	DOB	Age	Relationship	Mobile No.	E-Mail ID	Address

**Nominee's Bank Details**

Bank name	Bank Account No.	IFSC code

**Appointee's details ( Applicable in case of Minor Nominee)**

Name	DOB	Age	Relationship to Nominee	Mobile No.	Email-ID	Address	Signature as a token of consent

Do you wish to avail the physical policy document?

Please give EIA no.(e-Insurance Account) If available

\_\_\_\_\_  
Signature of the Proposer