Contact Details Form

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

To
The Chief/ Sr. /Branch Manager
LIC of India
Branch: _____

Date:_____

Dear Sir/ Madam,

Re: Contact details - Mobile no., email id and pin code of my LIC policies

I hereby submit my contact details (Mobile no., email id & pin code) and voluntarily give my consent to link this to all my below mentioned LIC Policies for sending policy related communications.

Policy Nos:

Mobile No.

Pin code:

Email ID

Yours faithfully,

(Signature of Policy Holder)

Name of Policy Holder: _____

(Please submit this form to any nearest LIC Office)