



Prepared by:

SALONI INVESTMENTS

Term Plan Login Form

1. Personal details

Name			
Address			
Mobile		Email	
DOB		Birthplace	
Education		Profession	
Exact Nature of Profession		No. of Years doing business	
Annual Income		No. of policies	
Any Health History			
Height		Weight	
Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>		

2. Nominee details

Nominee Name (as per Pan card)		Nominee DOB	
Relationship			

3. Bank details:

Bank Name		Ac No.	
IFSC Code		MICR Code	

4. Family history

Family Members	Name	Age	Health Status
Father			
Mother			
Brother			
Sister			
Spouse			
Children			
If death, age at death			

5. Documents required

Aadhaar Card Self-attested	Pan Card Self-attested	6 months' SOA	Photo
Cancel Cheque	3 Years ITR	6 months' Salary Slip	Policy Copy (if any)

I declare that the provided information is accurate and complete.

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of life insurance and agree to abide by the same. I/we declare the investments in the same are done with my/our permission and acknowledgement.

Sign here

Kindly handover/courier the documents to address below or mail them to the given email ID:

Office # 4, Grd Flr, 38/42, Popatwadi, Kalbadevi Road, Marine Lines (E), Mumbai – 400002

Office #7, Grd Flr, Shanti Niwas, C P Road, Near Union Bank, Kandivali (E), Mumbai – 400101

Contact Details: Jignasha Gandhi +91- 77381 20309 Saloni Shah: +91- 90297 97449

Or E-mail at: contactus.sifinserve@gmail.com; saloniinvestments@gmail.com;