



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.sifinserv@gmail.com](mailto:contactus.sifinserv@gmail.com); [saloninvestments@gmail.com](mailto:saloninvestments@gmail.com);**