

NOMINATION FORM

I..... born in holding
CID No.....here by nominate my..... (Relationship
to Sales Executive) Mr./Mrs./Miss/..... born in
..... holding CID No.....to be the
person to whom agency ship s shall be transferred in any of the following
events:

If nominee is minor, appointee details

1. Name.....
2. CID no
3. DOB
4. Relation to nominee

- Death.
- Total Permanent Disablement.

Signed onday of Month..... Year

Signature of Witness:.....

Name of Witness:.....

Address:.....

CID No:.....

INSTRUCTION FOR THE NOMINATION

1. The Nominee Appointment/change of nominee can be made only by the Sales Executive.
2. This duly filled form should be submitted to the Company for the appointment/change of nominee.
3. The appointment/change of nomination will not be effectual unless it is approved and registered by the Company.

Yours Faithfully

Signature of Sales Executive:.....

Name:.....

CID No:.....