Request for Registration/ Change of Nomination in respect of PLI/ RPLI Policy
(refer Section 39 of Insurance act 1938) (Not applicable in case of policy under MWPA 1874)
(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)
<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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</thead>
</table>

2. Occupation

3. Communication Address
   Village | Taluka
   City | District
   State | Country | PIN

4. Particulars of Policy:
   i. Policy No.
   ii. Policy Type
   iii. Sum Assured (₹) | iv. Date of Acceptance / / / Years | v. Premium Ceasing Age Years

5. a. State particulars of the nominees (not more than three Nominees)
   i. Sole/ First Nominee Details- (Mr./ Mrs./ Ms.)
      | First Name | Middle Name | Last Name |
      |------------|------------|-----------|
      Relationship: Share %age: Gender: M F
      Date of Birth: / / Age: Years
      Communication Address
      Village | Taluka
      City | District
      State | Country | PIN
      Phone No. | E-mail ID (If any)

   ii. Second First Nominee Details- (Mr./ Mrs./ Ms.)
      | First Name | Middle Name | Last Name |
      |------------|------------|-----------|
      Relationship: Share %age: Gender: M F
      Date of Birth: / / Age: Years
      Communication Address
      Village | Taluka
      City | District
      State | Country | PIN
      Phone No. | E-mail ID (If any)
### iii. Third Nominee Details - (Mr./ Mrs./ Ms.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
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**Relationship:** [ ]

**Share %age:** [ ]

**Gender:** M [ ] F [ ]

**Date of Birth:** [ ] / [ ] / [ ]

**Age:** [ ] Years

**Communication Address**

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<th>State</th>
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**Phone No.**

**E-mail ID (If any)**

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### b. Appointee Details (If nominee is minor)

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<th>First Name</th>
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**Relationship:** [ ]

**Gender:** M [ ] F [ ]

**Date of Birth:** [ ] / [ ] / [ ]

**Age:** [ ] Years

**Communication Address**

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</table>

**Phone No.**

**E-mail ID (If any)**

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**Date:** ____________________

**Signature of Insurant**

**Name:** ………………………

**Phone no.:** ……………………

**Office:** ………………………

**Residence:** ………………………

**Mobile no.:** ……………………

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**Signature of Witness 1:**

**Name:** ………………………

**Phone no.:** ……………………

**Office:** ………………………

**Residence:** ………………………

**Mobile no.:** ……………………

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**Signature of Witness 2:**

**Name:** ………………………

**Phone no.:** ……………………

**Office:** ………………………

**Residence:** ………………………

**Mobile no.:** ……………………