

LIFE INSURANCE CORPORATION OF INIDA

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ADDENDUM TO PROPOSAL FORM NO.340 UNDER PROPOSAL NO-----

Particulars of Insurance Policies on the life of LA and his family members (i.e Father, Mother, Brothers & Sisters)

Name & Relationship To L A	Policy Nos.	Plan Term	Date of Issue	S A	Instalment Prem & Mode	Total Yearly Premium	Total family income.
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Date :

Place:

Signature of the Proposer

