

# IndiaFirst Life Insurance Company Ltd



Name of Life To Be Assured / Proposer: \_\_\_\_\_

Requirement: **Previous Insurance details**

Application No.									
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**DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED WITH LIFE INSURANCE COMPANIES (including existing policies with IndiaFirst Life Insurance Co. Ltd.)**

17. Are you currently insured or applying for Life Insurance Cover?  Yes  No  
 If yes, please give full details below, with present status and terms of acceptance for all the Life To Be Assured

Name of Life to be Assured/Proposer	Name of the Company	Policy / Proposal No.	Sum Assured including riders	Year of Commencement	Present Status & Terms of acceptance
	EXISTING				<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> InForce (Rated Up) <input type="checkbox"/> InForce (Standard Rates) <input type="checkbox"/> Rejected <input type="checkbox"/> Lapsed
	APPLIED				<input type="checkbox"/> Declined <input type="checkbox"/> Postponed <input type="checkbox"/> InForce (Rated Up) <input type="checkbox"/> InForce (Standard Rates) <input type="checkbox"/> Rejected <input type="checkbox"/> Lapsed

Additional sheets with relevant details signed by Life To Be Assured may be added if space is insufficient.

**Signature of Life To Be Assured / Proposer**

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of FA / CRO / BDM**

Place: \_\_\_\_\_

Date: \_\_\_\_\_