APPLICATION FOR REVIVAL OF PLI/RPLI POLICY

(Please fill in the columns in block letters)

1. Policy No. :

Date of Acceptance:

2. Name of Insurant:

3. Present address for Correspondence:

Pin Code

4. Date of Maturity:

5. Mode of payment of premia:

6. Period for which premia are due: _____

_____

7. Reason for non-payment of premiums if any

_____

_____

8. Name of the Post Office at which premia are desired to be paid

Name of Sub Post Office:

Name of Head Post Office:

I hereby declare that I continue to be in good health since the date, the first unpaid premium had become due in respect of above mentioned policy till this date.

Date:

Signature of insurant
Contact no:

MEDICAL CERTIFICATE

I hereby carefully examined
Shri/Smt…….....
I am of opinion that he/she is not suffering from any disease likely to shorten life and that he/she has not had serious disease of a kind likely to recur.

Signature……

Place:

Qualification……..

Date:

Regn No……..

(Rubber stamp)