



MULTIPLE PROPOSAL ADDENDUM

Divisional Office: **CHANDIGARH**

Branch Office: **168**

Agency Code:

DO CODE: **M0017-168**

Name of Proposer: _____

Address: _____

Sr. No.	Plan & Term	Mode	Sum Assured	Whether DAB Required	Whether Term Rider required	Critical Illness Rider *	Date of Commencement	Name of the Nominee and relation to proposer
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
Total number of proposals					Total Sum Proposed			

*Whether PWB required for CI-Yes/NO

I, _____ (Name of the proposer) the person whose life is herein being proposed to be assured, do hereby declare that the information given in this addendum shall form part of the proposal to which it is attached to.

Date: _____

Signature of proposer:

Place: _____

Signature of person witnessing proposer's signature: