Application for Jaikisan Group Insurance Policy

Date: _ _/_ _/_ _ _ _

Jaikisan Membership no.

Nominee:

First Name																			
Middle Name																			
Last Name																			

Contact details of the Nominee:

Mobile No/ Telephone No (Mandatory)	
E-Mail ID	

Other details of the Member:

Mother's Maiden Name (Mandatory)			
Date of Birth (Mandatory	DD	MM	YYYY

I would like to apply for the Jaikisan Group PA .

I understand Jaikisan GPA is free to all Members.

Declaration:

I hereby apply for the issue of a Jaikisan Group PA and declare that the information provided by me in this application form is true and correct and that I am a Resident Indian and am eligible to apply for this Policy. I accept that Jaikisan is entitled at its discretion to accept or reject this application without assigning any reason whatsoever. I have read the terms and conditions applicable to Jaikisan Membership. I agree to be bound by these terms and conditions as may be in force from time to time.

Date: Signature of Jaikisan Member

KSK No. SEAL of KSK

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Date: _ _/_ _/_ _ _ _

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Nominee:

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