

PROPOSAL FORM FOR KSPC AROGYA SURAKSHA

To be filled by the members (in Capital Letters)

1	Name of the Pharmacist				
2	AGE & Date of Birth				
3	PRC NO				
4	Sum Insured and Premium				
5	DD Details or Cheque details				
6	Residence Address /Communication Address				
		Pin Code :			
7	Phone nos				
8	Whatsup No and Mail ID				
	NAME	AGE	DATE OF BIRTH	RELATIONSHIP (Husband/Wife /Son/	
1					
2					
3					
4					
5					
PHOTO SELF		PHOTO SPOUSE	PHOTO CHILD 1	PHOTO CHILD 2	PHOTO CHILD 3

Important :persons up to the age of 70 years as at the date of commencement of insurance cover are eligible to avail Kspc Arogya Suraksha Policy,I Agree Kspc is no way responsible for claims or other matters related with insurer.Participation is purely on voluntary basis and the contract of insurance shall be with the insurance company and not with Kspc. I hereby nominate..... (spouse/son/daughter)as nominee

I/We hereby declare that the information given above are true and correct to my/our knowledge.

Signature:-