

APPLICATION FOR REVIVAL OF POSTAL/ RURAL POSTAL LIFE INSURANCE POLICY

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

2. Communication Address

Village	Taluka
City	District
State	Country
	PIN

3. Particulars of Policy

i. Policy No.

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ii. Sum Assured

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iii. Date of Acceptance

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iv. Date of Maturity

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v. Premium Payment Frequency

Monthly Quarterly Half Yearly Yearly

6. Period for which premia is due:

7. Reason for non-payment of premiums if any

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

i. Name of Sub Post Office

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ii. Name of Head Post Office

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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

Name:
Phone no.:
Office:
Residence:
Mobile no. :

ONLY FOR PLI POLICIES

CERTIFICATE OF EMPLOYER

Certified that Shri/Smt. _____ had not taken any leave on medical grounds for the diseases like Insanity, Epilepsy, Gout, Asthma, Tuberculosis, Cancer, Leprosy, Diabetes etc. as per medical certificate produced by him from time to time during the period from the date, the first unpaid premium had become due in respect of PLI Policy No. _____ held by him till this date.

Date: _____

Signature of Employer
with designation stamp