	REQUIRED DOCUMENTS FOR LOAN AGAINST LIC POLICY
>	Common Application Form
>	NEFT Form
>	Original Policy
>	Copy of PAN Card - Self Attested
>	One Original Cancelled Cheque with Name Printed on Cheque OR 1st Page of Passbook
>	Signs near X marks on Revenue Stamp on Loan Application Forms & NEFT Form – Total 5 Signs

CALL OF THE PARTY OF THE PARTY



Branch A	Address		
-		 ***************************************	MANAGEMENT AND SERVICE
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Vadodara												
To, Chief/Sr/Brar Branch Code	Date :											
Re: - Policy	number/s: Name of Life assured :											
With	reference to above policy/ies, I/we request you to do the following as per marked item : -											
1)	Register / update my contact details as follows. I also agree for receiving the SMS on the given mobile number for different policy servicing functions i. Mobile number of policyholder only: without prefix of 91 or 0											
	the state of the s											
	Land line number with STD code											
	Larrance and an activation of the control of the co											
	ii. E- Mail id III) Pin code											
	Adjusted population and the second of the se											
2)	Note my new address in you books as per enclosed proof of residence											
	Name :											
	Address:											
	Address:											
	Pin Code											
3)	cheque leaf or bank pass book)											
4)	Register my PAN card number and Aadhar card number in your record (attested copy enclosed)											
5)	Change the mode of premium payment from											
	mode, attach the mandate duly countersigned by Bank) (if conversion is under SSS, then aut	nonty										
6)-	letters in triplicate) Register nomination / change of nomination / Assignment / re-asignment in your book. End	losed										
0)	notice and required forms with policy document.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
7)	Transfer my policy record from your Branch to the Branch name/ code under under											
	Division for future servicing.											
8)	Issue me premium paid certificate for the financial year ending											
9)	Issue me duplicate policy bond.											
10)	Allow the alteration under above policy as 1) change in plan / term / premium paying term 2)											
	Reduction in sum assured 3) others to be specified											
11)	Grant me Accident benefit under above policy. Enclosed DGH and policy document, endorse	emen										
12)	fee. Revive my policy under 1) special revival scheme 2) SB-cum-revival 3) loan-cum-r	eviva										
12)	4) Instalment revival.											
13)	Issue me quotations for loan/ surrender / for submission to											
14)	Register 'Switch over of fund' under above ULIP policy from fund to											
15)	Other request											
Yours	faithfully,											

LIFE INSURANCE CORPORATION OF INDIA NATIONAL ELECTRONIC FUNDS TRANSFER – MANDATE FORM

To LIFE INSURANCE CORPORATION OF INDIA
Branch :-
Sub: Receipt of policy payment through NEFT
I am giving below the details of my Bank account for receiving policy payment through NEFT.
(1) Policy No/s
Name of policy holder/ claimant :
(2) Bank Name :
(3) Bank Branch Address :
(4) Account Type : Savings/Current/Cash Credit/NRI
(5) Account No. (Bank account number should be written from left to right) (6) IFS Code:
(7) Mobile number. :
+ 9 1
(8) E-Mail Id :
(9) Are you willing to receive SMS/E-mail, on matters related to you're your LIC policies: Yes / No
I have enclosed the following document to this effect. (Please √ appropriate item)
A. Cancelled cheque leaf B. if cheque is not having the name of bank holder then Photo copy of the page of Bank pass book containing details of Bank accounts number, IFS code
Signature of the policy holder Date :

(In case of change in Bank details, please fill this mandate form again and submit the same to Our Branch office)



वडोदरा मंडल कार्यालय Vadodara Divisional Office

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D.	U		_

पोलीसी पर ऋण प्राप्त हेतु निगम के पक्षमें पोलिसी का समनुदेशन का प्रपत्र Form of Assignment of the Policy by the Policy'Holder in Favour of the Corporation for the Purpose of Loan against the Policy

में निम्न हस्ताक्षर कर्ता_	as will be severed than y	NO cenes? on page Auriw n	i baskansa 🗀 🗥		
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		नाभो के भारतीय जीवन बीमा निगम	Control of the Contro		
एवम् समनुदेशनियों के पक्षमें उनसे	प्राप्त मुल्य या बाद में प्राप्त होनेवाले	मुल्य हेतु पूर्ण रुपसे समनुदेशन एवम् ह	हस्तान्तरित करता हुँ।		
I, the undersigned _	(She in second a				
	(Full Nan	ne)	a		
		0.	-		
		Policy of Assurance and t			
		Insurance Corporation of Indi	ia, their successors		
and assigns absolutely for	value received and which ma	ay be received thereaπer.			
Dated this	day of	20			
(दिनांक/	Date) (माह/	/Month)			
साक्षी/Witness	sauktos enew insumpiaza	at the contents of the above			
हस्ताक्षर		(0)			
Signature	TO SERVICE AND ADDRESS OF THE PARTY OF THE P				
पूरानाम		बीमाधारी	के हस्ताक्षर		
Full Name		— Signature of the s	he Life Assured		
पद Designation	afficient curing recommen	The British Control of the State of the Stat			
पता Address					



APPLICATION FOR LOAN AS UNDER WHERE THE POLICY ALREADY BEARS THE ENDORSEMENT OF TERMS AND CONDITIONS OF LOAN OR WHERE THE POLICY HAS BEEN ISSUED ON OR AFTER 1-6-69

	loan where No previous loan is subsisting er loan where previous loan granted at 6% or 7 ¹ / ₂ % or 9% or 1	0% is subsisting								
The Sr./Brai	0 /6 is subsisting.									
L.I.C. of Ind	Data:	20								
L.I.C. Or Ind		Date	20							
	Re : Policy No.									
Please gran	or n									
by way of lo	oan against the above policy on which I/ We agree to pay ear.	interest at the rate of 10% p	per annum payable							
	We are aware of the terms and conditions on which the loan ware also aware of the said terms and conditions.	vill be advanced.								
*	* have already been endorsed on the Policy.									
**	** will be those as contained in the clause headed 'Loans' appearing in the conditions and privileges printe in the Policy.									
***	The Policy duly assigned in your favour is also enclosed.									
Encl.:	The Folloy duly assigned in your lavour is also cholosed.	Yours faithfully,								
*	Strike out in respect of Policies issued on or after 1-6-69	Todio iditirally,								
**	Strike out in respect of Policies prior to 1-6-69.	(2)								
***	Strike out whichever not applicable.	0								
F.No. 5205		(Signature of As	sured)							
	FORM OF RECEIPT FOR LOAN	ADVANCE								
Rs	Place	Date								
I/We (1)	(2)									
do here by	acknowledge receipt of an amount of Rs.									
	paid to me/us by the LIFE INSURANCE CORPORATIO									
(III WOI'US)	paid to me, as by the Life modnance confonant	INDIA asarrauvario	· · · · · · · · · · · · · · · · · · ·							
No			Revenue Stamp							
Name of as	sured (in Block le	ter) (X)	Rs. 1/-							

Latest Address

If the

amount exceeds Rs. 5000 Signature (S)

NOTE OF AUTHORITY

If this receipt is signed by more than one person and payment is desired to be m following Note of authority should be completed and signed by all of them. Place	nade to one of the signatories the
I / We hereby authorise the Life Insurance Corporation of India to pay the of Rsto	within mentioned loan amount
Sign (1)(2)	
DECLARATION TO BE COMPLETED WHEN BORROWERS CAN N I hereby declare that the contents of the above APPLICATION FOR LOW the FORM OF RECEIPT FOR THE LOAN ADVANCE (form No. 5200) and als translated and explaind by me to (1) [2] and I	AN (Form No. 5196/5205) and
(2) and I they have fully understand (s)	further declare that he / she /
Name of Declarant	
Address:	
	Signature of the Declarent
INSTRUCTION : If either or both the persons completing the Note of Authority declaration in foot of the Note of Authority should be completed by an English knowing English rendering of the signature. When however either or both of them be ill Magistrate or a justice of Peace or Block Development Officer or a Gazetted Officer of High School or Higher Secondary School run by the Government or an Agent of Officer of the Corporation or a Development Officer of the Corporation with at least fix fully satisfied about the identity of the person(s) executing the Note of Authority and completing certify that the thumb marks is/are of the persons executing the Note of	ng person who should also give the iterate, the declareant should be or a Principal, Head Master of Local a Nationalised Bank or a Class-1 by years service provided he/she is the declarant should in addition to
/were obtained in his/ her presence.	IN ORDER
F. No. 5200	Initial with
SHRIRANG/100x150Pads/8.5"x13.5"x80Gsm Ledger Paper/04-2019	Designation : Date :
	Dato.