



Good neighbour to bank on

Head office : PB No. 13
Kodungallur - 680 664
Thrissur Dt., Kerala, India.
Fax: 091 480 2802617
Tel : 2802618, 2802619
Email: mail@ktcbank.com
Web : www.ktcbank.com

LIC Policy Application Form

Customer ID	
Account Number if any	
Name	
Male / Female	
Address	
Date Of Birth	
Marks of Identification	
Mobile	
LIC Plan (Scheme)	
Term (No. of Years of Policy)	
Premium Frequency	Yearly / Half Yearly / Quarterly / Salary Savings Scheme / ECS
Premium Collected Amount	

Place:

(Sign)

Date:

Signature of the Customer

Policy Collected Details

Name of Staff :

P.F.Code :

KR _____.

Branch :

Name of Specified Person :

(Sign)

Specified Person

(Sign)

Branch Manager

Head Office Use

Date of application received :

Date of submission to LIC :

(Sign)

Chief Insurance Executive