ANNEXURE-II (CO-PROPOS	SER DI	317	ΔΗ	<i>S)</i>	- C	ΔRI	=																									
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Name : (Mr./Ms./Mrs.)																																
				(Firs	st Na	me)								(Mic	ldle 1	Vam	ne)	_						_		(Lā	ast Na	me)				
Correspondence Address :					-										+	_		_	_						-	+		_				
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Locality : Pin Code :					+-	-					C+	ate :			City :	: T		+	+					+	+	+	+	+	+	-		
Landmark:					-						Ju	ale.			+	+		+	+					+	+	+		+	+			
Permanent Address:					+										+	+		+	+					+	+	+		+				_
If same as above, please tick here																+		+	+					+	+	+						
Locality:															City :	:		+						T								
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Telephone:														1	Mob	ile :																
Email:																																
Date of Birth:		D	D	M	M	Y	Y	Y	Y	G	end	er:				Ma	le					Fem	ale				Oth	ners				
PAN Number:			<u> </u>											1	Nati	ona	lity :									\perp						
Form 60 (only in case the customer does not have PAN no	b.) :			Yes	5					10				r Nun Proposal for							X	X	X				< >	\times				
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Payment By: Cash / Cheque / Demand I			/ECS) (1/	VACI	7) (S	otrike	e ou	t wn	Icne	veri	s no	т арр	licable	:)	_		_	_				Т	_	_	_		_	_			
Cheque / Demand Draft No. / Authoriz Date:	ation ID	: T	Τ		+			D	2) (100)	ont /	1 no	Lunt	(₹) .		+	+		+	-		_			+		+	-					
Bank Name :					+			Р	ayme 	ent /	4mc	unt	(₹):			+	-	+							+	+	-					
In case of payment through Cheque / Demand Draft, the If ECS is selected, please submit the standing instruction f						our of '	"Car	e Hea	alth li	nsura	ınce l	Limit	ed"																			
Note: Co-proposer is a person who will share a compor	nent of prem	nium p	ayable	e by t	he Pro	posen	: All th	e eligi	bility c	riteria	a for th	ne co-	propos	er will be	e same	e as c	of the F	rop	oser. I	Vor	ights	of the	Prop	oser	will ve	est w	ith the	co-pn	oposei	other	than th	nat of
sharing of premium. Should you choose to pay premium by cash, you are advis	ed to do so	only at	t the n	eares	st Care	e Healt	th Insu	rance	Limite	ed bra	ınch o	r any a	authori	zed Bank	branc	ch, ar	ıd we i	nsist	you t	o ple	ase a	sk for	comp	uter	ize red	eipt a	against	the de	eposite	d cash	against	your
Proposal. Any claim without computerized receipt agains	t the deposit	ted ca	sh will	not b	oe adm	itted.																										