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ANNEXURE-II (CO-PROPOSER DI	ANNEXURE-II (CO-PROPOSER DETAILS) - CARE																													
Name : (Mr./Ms./Mrs.)																									T			T		
			(First	t Name	e)								(1)	1iddle Name	ıme)									(Last Name)						
Correspondence Address :																														
																									T					
Locality:														City:																
Pin Code :		State:													Т															
Landmark:													7												Т	T				
Permanent Address : If same as above, please tick here																		V												
Locality:														City:																
Pin Code :										Sta	te:					V														
Telephone:														Mobile :																
Email:											\mathcal{I}																			
Date of Birth:	D	D	M	M	Y	Y	Y	Y	G	iende	er:/			☐ Male	е				F	ema	ale		[Oth	ners	;			
PAN Number:														Nationali	ity															
Form 60 (only in case the customer does not have PAN no.) :			Yes						10					umber :																
											(By sign	ning the F	roposa	al form I give my cons	sent fo	or using	my Aac	haar No	o. for Au	thentic	ation of	my Aadi	haar De	tails)						
Premium payment mode: Single Monthly Quarterly Half-yearly Tick whichever is applicable)																														
Payment By: Cash / Cheque / Demand Draft / Card /ECS (NACH) (Strike out whichever is not applicable)																														
Cheque / Demand Draft No. / Authorization ID	:																													
Date :							Р	ayme	ent /	Amou	unt (र	₹):				V										Т				
Bank Name :																														
In case of payment through Cheque / Demand Draft, the instrument If ECS is selected, please submit the standing instruction form available					of "	Care	e He	alth li	nsura	ince Li	imite	ď"																		

Note: Co-proposer is a person who will share a component of premium payable by the Proposer. All the eligibility criteria for the co-proposer will be same as of the Proposer. No rights of the Proposer will vest with the co-proposer other than that of sharing of premium.

Should you choose to pay premium by cash, you are advised to do so only at the nearest Care Health Insurance Limited branch or any authorized Bank branch, and we insist you to please ask for computerize receipt against the deposited cash against your

Proposal. Any claim without computerized receipt against the deposited cash will not be admitted.