

Customer Profile

Date _____

Group Information			
Group Name		Gr. Code	
Type		Referred By	
Religion		Mother Tongue	
Residential Address :		Office Address:	
City	Pin	City	Pin
Tel. Nos.		Tel. Nos.	
E-Mail 1:		E-Mail 2:	
Mobile 1: <input type="checkbox"/> Use for SMS		Mobile 2: <input type="checkbox"/> Use for SMS	

Group Members					
Sr. No.	First Name	Middle Name	Last Name	D.O.B	Gender
1. Head					
2.					
3.					
4.					

Member Details				
Personal Information				
	Member 1 (Head)	Member 2	Member 3	Member 4
Relation to head				
Father's Name				
Place of Birth				
Age Proof				
Married				
Marriage Date				
Spouse Name				
Professional Information				
Qualification				
Occupation				
Annual Income				
Employer				
Nature of Duties				
PAN No.				

Member Details**Contact Information**

	Member 1 (Head)	Member 2	Member 3	Member 4
Alternate Address				
Landline Nos.				
Mobile No. 1				
Mobile No. 2				
E-mail ID 1				
E-Mail ID 2				
P. A. Name				

Bank Details

Bank Name				
Branch				
Account Type				
Account No.				
MICR Code				
NEFT No.				

Details of Existing Policies

Name	Insurer	Product	Policy No.	Com.Date	Sum	Md	Premium	FUP Date	Nominee	Term /PPT

Additional Information

Customer Profile

Additional Member Details

Group Name		Gr. Code	
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Group Members					
Sr. No.	First Name	Middle Name	Last Name	D.O.B	Gender

Personal Information				
	Member ____	Member ____	Member ____	Member ____
Relation to head				
Father's Name				
Place of Birth				
Age Proof				
Married				
Marriage Date				
Spouse Name				

Professional Information				
Qualification				
Occupation				
Annual Income				
Employer				
Nature of Duties				
PAN No.				

Contact Information				
Alternate Address				
Landline Nos.				
Mobile No. 1				
Mobile No. 2				
E-mail ID 1				
E-Mail ID 2				
P. A. Name				

Bank Details				
Bank Name				
Branch				
Account Type				
Account No.				
MICR Code				
NEFT No.				

