



SI MANDATE FORM

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)

First Name										Middle Name										Last Name									

2. Communication Address

Village										Taluka											
City										District											
State										Country										PIN	

3. Particulars of Policy

- i. Policy No.
- ii. Monthly Premium (including GST) :
- iii. Standing Instruction Date : (7th /12th /17th of Every Month)

4. Particulars of POSB Account :

- i. CBS Account Number :
- ii. Sol ID :

Date: _____

Signature of Insurant

Name : _____

Mobile No : _____

Documents attached:

- Self attested copy of Premium Receipt Book
- Self attested copy of POSB
- Self attested copy of ID Proof (Preferably Aadhar Card)