(4)	LIC
	संबंध ठेका राज्य वीवन बीमा निगम
I SEINGIRANCE	CORPORATION OF INDIA

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Servicing Branch Address:

भारतीय जीवन बीमा निगम ver. /

BANGALORE DIVISION - II

FIRST PREMIUM RECEIPT

Branc	

Additional Premium of Rs.

Policy No.

SI. No.

MUDDANIK 100

Policy Number Date of Risk	Short Name Plan LIC C.A.	Sum Assured BRANCH, CB-9	Due Date Mode , (801)	Premium 6984	31674 Instalment	Particulars of terms of Acceptance if not as proposed
698431674	SHIL 56	PA NARANG	03	120100.00	Annual Acc. Premium	-
03/07/2013 SAIRA CHOJHA	165-18	18 2500000		2500.0 03/07/2013	O How Accepted Clause Nos.	
					Nominee & Proposal Date	Name of State
SHILPA NARAN	IG			30/04/1983	Date of Birth	
#012 SATKO F MUNNEKOLALA	ALM TREE	S,		03/07/2031 03/07/2030		
MARATHAHALLI 560037	, BANGA	LORE		30 YES	Date of Last Payment	
GIVE/NCO:	AGE	NCY CODE :0			Age & Whether Admitted	and the second
Dear Sir / Madam,					0193360	

Your proposal for Assurance as per particulars noted in the schedule has been accepted by the Corporation as proposed at ordinary rates/with AB & DB. We have also received the amount noted in the schedule being the First premium on the policy of assurance for the plan and amount indicated there in.

The Acceptance of the payment places the Corporation on risk with effect from the date of this Acceptance-cum-First Premium Receipt or if the Proposal is under the Children's Deferred Assurance Plan form the deferred date on terms & conditions of the policy of assurance which will be send shortly.

The issue of this receipt is also subject to the realisation of the amount in Cash and the terms and Conditions of acceptance printed below.

	MUDRANK/UU	
07/2014	19	
		Cosst
Date &	19/07/2013 .sr. 7	Branch Manage
	NIL 07/2014 aiso adjusted	NIL aiso adjusted 07/2014

TERMS & CONDITIONS OF ACCEPTANCE

Important to note that if any change in your occupation or any adverse circumstances connected with your financial position or general health of yourself or that of your family however unimportant you may consider the same occurs between the date of proposal and the date of this Receipt or if a proposal for assurance or an application for revival of a policy on your life made to any Office of the Corporation has since the date of this proposal been withdrawn or dropped deferred or declined or accepted at an increased premium or subject to alteration of terms otherwise than as proposed or if you have been selected for service in any of the branches of Military Naval or Airforce services between the date of this proposal and the date of issue of this receipt this assurance will be invalid and all moneys which shall have been paid in respect thereof forfeited unless intimation of such event be made in writing to the Corporation and this acceptance of proposal be reapproved by the Corporation.

IF YOU DO NOT RECEIVE THE POLICY WITHIN TWO MONTHS PLEASE WRITE TO THE CONCERNED BRANCH OFFICE MEANWHILE PLEASE PAY THE NEXT PREMIUM WHEN DUE. (# Ver. /)