

SURAT PARSI PANCHAYAT

Date: _____

NAME	:	
ADDRESS	:	
DATE OF BIRTH / AGE	:	
INSURANCE COMPANY	:	
SUM INSURED (Without Bonus) in Rs.	:	
Annual Premium in Rs.	:	

* Providing the above details does not guarantee that the Surat Parsi Panchayat will provide any benefit to you. Depending on the data collected, Surat Parsi Panchayat will decide the quantum of benefit (if any) which please be noted.

Signature of Applicant