



1. Client Details

Name of Company		Branch 1	
Branch 2 Name (if required)		Branch 3 Name (if required)	
Type of Business			
Mailing address			
Contact Person(s)		Designation	
Phone		Fax	
E-mail		Cell Phone	

2. Scheme Details

Some Effective Date		Scheme Expiry Date		Maximum Eligibility Age	
Mode of Payments		Proposal No		Total Gross Rates	
Proposal Date		Version		Option	

3. Eligibility Details

Class / Category / Plan	Description / Eligibility Criteria	Amount of Cover (Life)
A		
B		
C		
D		

4. Sales Personnel Details

Agent Type	Name	Code	Commission%	Production %
Primary Agency				
External Agent				
Overriding- I Agent				
Servicing Agent				

5. Special Instructions / Provision

6. Declaration by Employer / Authorized Representative

Name: _____

Designation: _____

Signature: _____

7. Approval Status

Filled By (Marketing Executive): _____
 Name & Signature

Date: _____

Approved by Head of Corporate Sales: _____
 Name & Signature

Date: _____