

FORMAT OF APPLICATION FOR MEMBERSHIP
OF CABF GROUP TERM INSURANCE SCHEME

Members opting for coverage under the scheme may submit particulars (in duplicate) for "Life Insurance Corporation" Scheme along with the requisite premium by way of Pay Order, Local Cheque or Demand Draft drawn in favour of "CABF- Insurance Scheme" payable at New Delhi.

Sl. No	Description	Details
1.	Membership Number	
1.	Name of the member	
2.	Address	
3.	Contact Details	Phone No..... E-mail-id..... Fax No.....
4.	Date of Birth	
5.	Age	
6.	Name of the Nominee	
7.	Spouse Details (if desired and covered under the scheme)	
8.	Name of Spouse	
9.	Date of birth of spouse	
10.	Age of Spouse	
11.	Name of Nominee (in case of spouse)	
12.	LocalCheque/PayOrder/Demand Draft Details	Local Cheque/Pay Order/DD NO..... Drawn on.....(Name of the Bank) Dated.....for Rs.....

Details of member and or spouse and the Premium Paid

		Date of Birth	Age	Basic sum Assures	Premium Paid
Self					
Spouse	Yes / no				
			Total Amount Paid		

Form duly filled in & signed along with the payment can be sent directly at The Institute of Chartered Accountants of India, ICAI BHAWAN Post Box No. 7100, Indraprastha Marg, New Delhi 110002 .For further details and clarification member may send e-mail at mss@icai.in

Yours faithfully,

(Signature of the Member)