

NATIONAL INSURANCE COMPANY LTD, CHENNAI

APPLICATION FOR ENROLMENT UNDER GROUP MEDICLAIM POLICY

1. NAME OF THE ADVOCATE / MEMBER :
2. CONTACT INFO: MOBILE / E-MAIL :
3. ADDRESS FOR COMMUNICATION :
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4. ENROLMENT NO & DATE :
5. NAME OF THE BAR ASSOCIATION
IN WHICH HE / SHE IS A MEMBER :
6. DETAILS OF FAMILY MEMBERS TO BE INSURED: (SELF, SPOUSE, CHILD-1, CHILD-2, DEPENDENT PARENTS)

SL.NO	NAME	AGE	RELATIONSHIP	SEX
1				M / F
2				M / F
3				M / F
4				M / F
5				M / F
6				M / F

7. PERSONAL BANK DETAILS FOR CLAIM SETTLEMENT:

- a) BANK NAME :
- b) BRANCH NAME :
- c) LOCATION :
- d) S.B. ACCOUNT NO :
- e) BRANCH IFSC :

8. INSURANCE DETAILS:

- a. SUM INSURED OPTED : RS: 2,00,000/- (TWO LAKHS ONLY)
- b. PREMIUM PAID(ANNUAL) :
- c. MODE OF PAYMENT (✓) : D.D I.B. CHALLAN
- d. DD DETAILS :
- e. OPTIONS (✓)

1	<input type="checkbox"/>	1+2	<input type="checkbox"/>	1+3	<input type="checkbox"/>	1+5	<input type="checkbox"/>
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9. PHOTO (Stamp / Passport)

Name 1.	Name 2.	Name 3.	Name 4.	Name 5.	Name 6.

PLACE :

DATE :

SIGNATURE

NOTE:

AMOUNT SPECIFIED IN ANNEXURE I FOR THE RESPECTIVE MEMBERS MAY BE PAID EITHER INTO S.B.A.C NO: 707867595 IN INDIAN BANK, HIGH COURT BRANCH OR BY WAY OF DEMAND DRAFT FAVOURING "GROUP INSURANCE SCHEME BAR COUNCIL OF TAMIL NADU AND PUDUCHERRY".

**PRESIDENT/SECRETARY
BAR ASSOCIATION**