

MEMBER ADDITION/DELETION/UPDATION FORM

MASTER POLICY NO:	
MASTER POLICY HOLDER NAME :	

Section-1: Addition of Members

Sr. No.	Employee ID	Employee Name	Gender	Date of Birth	Designation	Date of Joining	Monthly Salary (Basic+Grade pay)	Remarks

*Attach additional sheets if required (soft copy)

Section-2: Deletion of Members

Sr.no	Employee ID	Member No.	Client ID	Employee Name	Gender	Date of Birth	Termination Date

*Attach additional sheets if required (soft copy)

Section-3: Updation (revision in salary) of Members

Sr.No.	Employee ID	Member No.	Client ID	Employee Name	Gender	Date of Birth	Date of Joining	Previous Salary	Revised Salary	Effective Date	Remarks

*Attach additional sheets if required (soft copy)

DATE :

PLACE :

SIGNATURE OF TRUSTEES/AUTHORIZED SIGNATORIES

1. Name of the Trustees/Authorized Person:

2. Signature of the Trustees/Authorized Person:

Declaration, if this form is signed in Vernacular/Thumb Impression:

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____ in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.

Name of Declarant _____ Signature _____ Date _____ Place _____

Instruction & Disclaimer:

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

Canara HSBC Life Insurance Company Limited

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136**

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