

**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.

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