BDO / PRO / UM **Application & Agreement Form**

Lifelong Care Insurance Consultants (P) Ltd.

Regd. Off. : Ft-63, 4th Floor, Raisar Plaza, Indra Market,
Jaipur-01, (Raj) . Tel. : 0141-3291690
Website : www.lifelongcareinsurance.com

Life Insurance Services

Admn. Off. : Ft-60, Raisar Plaza, Indra Market,
Jaipur-01 (Raj) . Tel. : 092143 61716, 098291 54181
Website : www.lisbusiness.com

Space For Photo

Your PAN No.

Tick One

BDO (100% / 50%) PRO UM

ID

Tick One

Mr. Mrs. Miss

S/o. D/o. W/o.

Sex M F

Address

Distt. PIN

State Country

Phone Mob.

E-mail *DOB* D D M M Y Y

Nominee Name Relationship :

Details of Package / Policy of BDO

Life Assured / Purchaser	Relation with You	Policy Number	Premium	Plan-Term	Prem-Mode

Note : Lifelong will not be responsible for any cash transaction.

CHQ./DD # Date Bank Name

I hereby, apply to be a BDO / PRO / UM (tick one) and declare that the information given above is true to the best of my knowledge. I have read and understood the terms and conditions applicable, as mentioned overleaf and agree to them in total.

Applicant's Signature _____ Date / /

Introducer's Details

Use only for BDO

NAME

BDO ID

If it is your first or Second Referring, Tick to be placed immediately in:

Left **Tick One** Right

If it is your 3rd or extra (Spill) Referring, Tick to be placed immediately in:

Left **Tick One** Right

I understand that incorrect and wrong claim for immediate placement or Spill (even if proved later) may result in cancellation of incentive and BDOship.

Associate Seal

Signature of Introducer

Use only for PRO / UM

NAME

PRO ID

OR (As applicable)

UM ID

Franchisee Name .....

Area / Location .....

I understand that incorrect and wrong claim for immediate placement (even if proved later) may result in cancellation of incentive and PRO/UMship.

Franchisee Seal

Signature of Introducer

P.T.O.