



LIC

LIFE INSURANCE CORPORATION OF INDIA

Rtn. V.MANIKANDAN MDRT

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Life Insurance Corporation of India Survey Cum Lucky Draw Form

Name :

Date of Birth : Blood Group :

Occupation : Contact No :

Address :

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E-mail ID :

Spouse Name : Date of Birth :

Occupation : Marriage Aniv. Date :

CHILDREN :

1. Name : Date of Birth :

2. Name : Date of Birth :

3. Name : Date of Birth :

Vehicle Policy : Yes No

Mediclaim Policy : Yes No

Question :

1. Do you feel any problem in servicing of your L.I.C. policies?

Yes No

2. Do you want free doorstep services for your L.I.C. policies?

3. Do you want time to information about new plans?

Thank you