

**ICBF - LIFE INSURANCE SCHEME
ENROLLMENT FORM**

INSURED DETAILS

Name			
QID No.		Date of Birth	
Mobile No.		Passport No.	
Gender	Male/Female	Nationality	
Email			
Association/Company Name			
Permanent Address (Home Country) & Contact No:			

Notes:

Please attach a copy of QID and Passport of the insured member
Premium QAR 125/- (for two years)

NOMINEE DETAILS

Nominee Name:		Relation:	
Nominee Permanent Address (Home Country)			
Nominee Phone No & Email:			

DECLARATION

I, declare, to the best of my knowledge, that I am in a good health, do not suffer from any disease and I am not undergoing any medical treatment. I agree to the terms and conditions of the Policy. I also hereby authorize to disburse the policy amount to the nominee mentioned above in case of any incident and indemnify ICBF from any legal responsibility whatsoever.

Name: _____ Date: _____ Signature: _____

For Official Purpose only:

Verified:	Insurance Reg. No:
	Status:

Facilitator

Indian Community Benevolent Forum (ICBF)