

**STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED**

Registered Office : No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone: 044 - 28288800

Corporate Office : No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666

Email : support@starhealth.in | Website : www.starhealth.in | CIN : L66010TN2005PLC056649 | IRDAI Regn. No. : 129

Nomination Form

Proposal Form No. _____

Name of the Proposer as per the Proposal form		
Nominee Name		
Date of Birth and Age	DD/MM/YYYY	Age
Relationship to Proposer		
Nominee Present Address		
Nominee Permanent Address		
Nominee Mobile number		
Nominee Email id		
Nominee's Bank Account number		
Type of Account		
Name of the Bank		
Name of the Branch		
IFSC Code		
Name of the Appointee (if Nominee is a minor)		
Relationship to Nominee		
Date of Birth and Age of the Appointee	DD/MM/YYYY	Age

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Signature/ Thumb Impression of the Proposer

Place.

Date.

Name.