

NB Re-Check Report

Branch Office _____

Date _____

Proposal No./Policy No. _____

On the life of _____

Height(without shoes) (in cms.) _____

Weight(with thin clothes)(in kgs) _____

Chest(Over Nipples Stripped)(in cms.) _____ On complete Expiration

_____ Full inspiration

Abdomen(Over Naval) Stripped _____ (cms)

Marks of Identification _____

Signature of Proposer/Life Assured

Signature of Medical Examiner with seal/Branch Manager

Signature of the introducer

Name : _____

Agency code _____