



Prepared by:

SALONI INVESTMENTS

Health Insurance Login Form

1. Personal details

Name (as per Pan card)			
DOB			
Address			
Email			
Mobile			
Height		Weight	
Pre-Existing Disease			

2. Nominee details

Nominee Name (as per Pan card)	
Nominee DOB	
Relation with Insured	

3. Documents required:

Aadhaar Card – Self-attested
Pan Card – Self-attested
Photo

I declare that the provided information is accurate and complete.

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of health insurance and agree to abide by the same. I/we declare the investments in the same are done with my/our permission and acknowledgement.

Sign Here

Kindly handover/courier the documents to address below or mail them to the given email ID:

Office # 4, Grd Flr, 38/42, Popatwadi, Kalbadevi Road, Marine Lines (E), Mumbai – 400002
Office #7, Grd Flr, Shanti Niwas, C P Road, Near Union Bank, Kandivali (E), Mumbai – 400101
Contact Details: Jignasha Gandhi +91- 77381 20309 Saloni Shah: +91- 90297 97449
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