



Prepared by:

# SALONI INVESTMENTS

## SI Travel Login Form

### **1. Personal Details**

Name (as per Pan card)	
Date of Birth	
Gender	
Address	
Mobile	
Email	
Destination	
Departure Date	
Arrival Date	
Travel Cover	
Pre-Existing Disease	

### **2. Nominee details**

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

### **3. Documents required**

Aadhar Card – Self-attested
Pan Card – Self-attested
Passport – Self Attested

### **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 travel 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  
Or E-mail at: [contactus.sifinserve@gmail.com](mailto:contactus.sifinserve@gmail.com); [saloniinvestments@gmail.com](mailto:saloniinvestments@gmail.com);