

Enrollment cum Member Information Sheet

Garware Club House

Insurance offer by **The Oriental Insurance Company Limited**

Instructions:

Form No: GCH2500

- Application form must be filled in **Block Letters**

Group Name	Garware Club House									
Name of the Primary Member										
Membership No.										
Correspondence Address										
Mobile No										
Email ID										

Scheme Option:

Policy Type		Plan		Sum Insured
Renewal	New	Plan A	Plan B	₹

Please tick & fill as desired

Family Details:

Name of Primary Member / Insured	Relationship with Member	Gender M/F	Date Of Birth						Age
			D	D	M	M	Y	Y	
	Self/Primary Member								
	Spouse								
	Child 1								
	Child 2								
	Child 3								

(Dependent Child upto age of 25 years)

Payment Details

Cheque No	Cheque Date	Bank Name	Sum Insured	Amount
			₹	₹

Declaration: Insurance cover is subject to cheque realization.

Insurance is the subject matter of solicitation Garware Club House is extending this privilege to its member however the offerings would be governed by the terms and condition of the scheme.

Signature of Member:

Date:

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Garware Club House – Group Health Insurance & Group Critical illness

Form No: GCH2500

Member Name: _____ Plan: _____ Sum Insured: ₹ _____

Cheque No	Cheque Date	Bank Name	Amount
			₹

Declaration: Insurance cover is subject to cheque realization