

APPLICATION FOR REVIVAL OF RPLI POLICY

1. Policy No. : _____
Date of acceptance : _____
2. Name of Insurant : _____
(In block letters)
3. Present address for : _____
Correspondence
4. Date of maturity of the policy : _____
5. Mode of payment of premia : _____
6. Period for which premia are due : _____
7. Reason for non-payment : _____
of premiums if any
8. Name of the Post Office : _____
at which premia are
desired to be paid

I hereby declare that, I continue to be in good health since the date, the first unpaid premium had become due in respect of above mentioned policy till this date.

Date : _____

Signature of Insurant