भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

Estate Deptt. Divisional Office Nagpur-440001

ANNEXURE A

1..	Name of the Applicant	
2.	Address	
3.	Name of the Authorized person with contact number (Designation & with authority to negotiate)	Name : Mobile: Landline:
4.	In case of individuals a. Identity Proof b. Address Proof c. PAN/GST copy d. Bank account details e. Nature/details of business	
5.	In case of Company/Partnership firms a. Full particulars of business b. Copies of trade license: c. Partnership deed/Memorandum of Articles of Association. d. Copy of last 3 years audited balance sheet & income tax returns/copy of GST	
6.	Area in sq.ft. required & place	
7.	Name of the Building	
8.	Purpose for which the premises is to be utilized	
9.	Basic Rent offered per sq.ft.(excluding tax)	
10.	Electrical load required	
11.	Any other Requirement/information	

PLACE:

DATE:

Signature of Authorized persons

Name:

Designation:
Seal/Rubber Stamp.