



ICBF -LIFE INSURANCE SCHEME



ENROLLMENT FORM

INSURED DETAILS

Name		Date of Birth	
QID No:		Passport No:	
Mobile:		Email:	
Gender	Male/Female	Nationality	
Association/Company Name			
Permanent Address & Contact No:			

Notes:

Please attach a copy of QID and Passport of the insured member
Premium QAR 125/- (for two years) to be paid by cash or cheque to ICBF

NOMINEE DETAILS

Nominee Name:		Relation:	
Nominee Permanent Address:			
Nominee Phone No & Email:			

DECLARATION

I hereby declare that the information I have provided is complete, truthful and correct. I agree to the terms and conditions of the Policy. I also hereby authorize to disburse the policy amount to the nominee mentioned above in case of any incident and indemnify ICBF from any legal responsibility whatsoever.

Name: _____ Date: _____ Signature: _____

For Official Purpose only:

Verified:	Insurance Reg No:
	Status: