



**THE GENERAL INSURANCE EMPLOYEES' CO-OPERATIVE SOCIETY LTD. NO.E-627**

2ND FLOOR SITARAM COMPLEX, CHITTOOR ROAD, COCHIN-18.

*Tried, Tested & Trusted Since - 1976*

**GIECOS FAMILY BENEFIT SCHEME  
MEMBERSHIP APPLICATION FORM**

Name:

Age:	Sex: <i>Male/Female</i>	Roll No.:	Membership No:
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**ADDRESS**

Residence:	Office:
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Phone:	Mob:	Phone:
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Nominee: The President, GIECOS	Assignee:	Relationship:
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**SALARY DEDUCTION CONSENT**

I.....Roll No.....  
.....Insurance Company Ltd. hereby  
authorise The General Insurance Employees Co-operative Society Ltd. No.E- 627 to deduct a sum of  
Rs..... (Rupees.....) from my salary  
towards membership / subscription to become a member of GIECOS FAMILY WELFARE SCHEME.

Place:

Date:

Signature

**DECLARATION**

I declare that the above particulars are true to the best of my knowledge and belief and that I have disclosed all particulars affecting the assessment of the risk. I agree that this proposal and declaration shall be on the basis of the contract between me, GIECOS and the Company. Any Suppression / Misrepresentation of facts shall make this contract void abinitio and I agree that the Company and society shall not be liable to pay any amount under this policy.

Place.....Date.....

Signature of the Proposer/Insured

**ASSIGNMENTS**

I,..... do here by assign the moneys received by GIECOS from insurer and payable by The GIECOS in the event of my death, after deduction of all my dues to the Society to Shri/ Smt..... my.....and I further declare that in the event of death of the Assignee named herein all benefits shall become payable to my legal heirs and I further declare that his/her/their receipt shall be sufficient discharge to the Society.

Dated at.....this.....day of.....200....

Assignment Witnessed by:

Signature of the policy holder

**"INVEST IN YOUR OWN SOCIETY FOR SECURED AND ASSURED RETURNS"**