RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

SDS Form

Date D D M M Y Y Y Y

Name of the Employer FIRST LAST

Group Code

Details of Employees

Sr. No.	Name of the Employee	Date of Resignation (If Applicable)	Policy No.	Due Date	Premium Amount
				Total Premium	

Note

1. The Total Amount should tally with the cheque amount
2. This form should be duly filled up and submitted along with the premium cheque

Branch Stamp & Date

Signature and Seal of the Employer

Date D D M M Y Y Y Y

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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CS/SDS Form/Ver2/july2020

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