

**APPLICATION FOR CHANGING DESIGNATION / SUBSCRIPTION / NOMINEE  
DETAILS IN THE SCHEMES OF L.I.C / N.I.C**

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**D.D.O Code** : .....

**Date** : .....

1. Name of the Subscriber :
2. Revised Designation (if any) :
3. Department/Office in which working :
4. Employee Code allotted as per the Computerized List  
L.I.C. :  
N.I.C. :
5. Date of Birth :
6. Revised insurance amount proposed (if any)  
Under L.I.C. :   
Under N.I.C. :
7. Revised name of the Nominee(s) with relationship (if any) :

SIGNATURE OF THE OFFICIAL

NOTE : New subscribers shall NOT use this form for subscribing for the Scheme(s).