

8) Details of past mediclaim Insurance you or other family members have / had:

Name of the Member	Insurer	Policy No.	Sum Insured	Period of Insurance	
				From	To

9) Have you availed Cancomfort / Canmediclaim Insurance for the period 01.11.2006 to 31.10.2007 ? Yes No
 If yes, indicate the

- a) Policy Certificate Number :
- b) Existing Sum Insured :

I/We hereby declare that the information given above are true and correct to my/our knowledge. I/We are sound in health (physical and mental) and am/are devoid of any illness/disease. I/We have read the contents of the brochure of the policy and have noted the same. I/We accept that the broucher forms part of the Proposal form. I/We agree that the insurance being sought is only for the persons named in the proposal form. I/We also agree that the proposal if not received by the insurers on or before 10th of the month, policy period shall commence from the 1st day of the second subsequent month only subject to remittance of premium from Credit card Account. I/We also declare that the insurance being sought is only for the persons as defined by you in your brochure. I/We hereby agree to forfeit all rights to claim in case of any misrepresentation/suppression of facts by us and the policy may be cancelled at the option of the Insurer.

I hereby give my consent for debiting the premium chargeable for the policy from my Cancard Account and agree Cancard Issuer's are in no way responsible for claims or other matters related with insurer. Participation is purely on voluntary basis and the contract of insurance shall be with the Insurance company and not with Canara Bank.

Can Card No. Expiry Date

Signature of the Cardholder. E-mail : Telephone No. / Mobile No.

Place :
Date :