

## **KOLCAP KHAZANA**

## **CLIENT MASTER**

PAN NO  MAME  EMAIL ID  MORIE  ADDRESS  FATHER NAME  OCCUPATION  ANNIVER NAME  ANNIVER NAME  ANNIVER NAME  ANNIVERSARY  ANNIVERSARY  VES  NO  Vericles  1 Vineabr  1																								
MOTHER NAME  ADDRESS  FATHER NAME  OCCUPATION  MOTHER NAME  OCCUPATION  RELATION  ANNIVERSARY  A	PAN No									AADHAR No	)													
ADDRESS  FATHER NAME  OCCUPATION  MOTHER NAME  PELATION  ANNIVERSARY Addressory  ANNIVERSARY Addressory  ANNIVERSARY Addressory  ANNIVERSARY Addressory  ANNIVERSARY Addressory  REFERED BY  MOTOR INSURANCE  Vehicles  1 2 Wheeler  1 4 Wheeler  1 4 Wheeler  1 2 Wheeler  1 2 Wheeler  1 2 Wheeler  1 4 Wheeler  1 2 Wheeler  1 2 Wheeler  1 4 Wheeler  1 2 Wheeler  1 4 Wheeler  1 1 2 Wheeler  1 4 Wheeler  1 2 Wheeler  1 4 Wheeler  1 5 Wheeler  1 5 Wheeler  1 5 Wheeler  1 6 Wheeler  1 7 Wheeler  1 7 Wheeler  1 8 Wheeler  1 9 Wheeler  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME	•				<del></del>																		
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MOTHER NAME  MOTHE																								
MOTHER NAME  NOMINEE NAME  RELATION  ANNIVERSARY  ANVIVAL INCOME*  REFERED BY  MOTOR INSURANCE  Vehicles  1 2 Wheeler 1 2 Wheeler 2 2 Wheeler 1 4 Wheeler 2 2 Wheeler 1 4 Wheeler 1 4 Wheeler 1 4 Wheeler 1 5 2 Wheeler 1 5 2 Wheeler 1 6 4 Wheeler 1 7 9 Registration No Due Date Insurance Company 1 8 Remarks  REFERED BY  REMARKS  REFERED BY  MOTOR INSURANCE  Vehicles 1 9 Wheeler 1 1 4 Wheeler 1 1 4 Wheeler 1 2 Wheeler 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS										FAT	HER	NAME											
NOMINEE NAME  PARTY  ANNUAL INCOME*  REFERED BY  MOTOR INSURANCE  Vehicles  Type Registration No Due Date Insured Value  Insurance Company  Insurance Company  Remarks  Insurance Company  Remark	MOTHED NAME																							
ANNIVERSARY COMMONS SPOUSE NAME ANNIVERSARY COMMONS PREFERED BY  MOTOR INSURANCE  Vehicle  Ve																								
REFERED BY  MOTOR INSURANCE  Vehiclef  Type Registration No Due Date Insured  ANNUAL INCOME*  Vehiclef  Type Registration No Due Date Insured  ANnual insured	NOMINEE NAME																							
MOTOR INSURANCE  Vehicle# Type Registration No Due Date Value Insurance Company Remarks  2 Wheeler   4 Wheeler   5 Wheeler   6 Wheeler   6 Wheeler   7	DATE OF BIRTH	dd/	mm/yyy	У							ANNIVERSARY dd/mm/yyyy													
Working Type Registration No Due Date Insured Value Insurance Company Remarks  2 Wheeler	SPOUSE NAME										ANN	NUAL	INCON	⁄IЕ*										
Vehicleff   Type   Registration No   Due Date   Insured   Value   Insurance Company   Remarks	REFERED BY																							
Venicies   Type   Registration No   Due Date   Unisurance Company   Remarks	MOTOR INSURANC	E									N	0												
4 Wheeler   2 Wheeler   4 Wheeler   4 Wheeler   4 Wheeler   2 Wheeler   4 Wh	Vehicle#	Ту	ре	Registration No			T (	Due Dat	te			ln	surance	Comp	Remarks									
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Other																								
HEALTH INSURANCE  Family Size  Plan  Due Date  Insurance Company  Remarks  TERM PLAN  Plan  Coverage  Due Date  Insurance Company  Remarks  LIFE INSURANCE  Insured  Plan  Age of Insured  Insured  Plan  Age of Insured  CHILD 1  CHILD 2  DEMAT  Depository Company  Folio No.  Remarks  NO  Remarks		Oth	her				t																	
Family Size Plan Due Date Insurance Company Remarks  TERM PLAN YES NO  Plan Coverage Due Date Insurance Company Remarks  LIFE INSURANCE YES NO  Insured Plan Age of Insured Insurance Company Remarks  SELF Due Date Insurance Company Remarks  CHILD 1 DEMAT YES NO  DEMAT YES NO  Depository Company Folio No. Remarks  NCOME TAX RETURN YES NO  Filed Upto dd/mm/yyy With Us Thru CA Self Remarks		Otl	her																					
TERM PLAN  Plan  Coverage  Due Date  Insurance Company  Remarks  LIFE INSURANCE  Insured  Plan  Age of Insured  Insured  SELF  SPOUSE  CHILD 1  CHILD 1  CHILD 2  DEMAT  Pepository Company  Folio No.  Remarks  NO  Remarks  NO  Remarks  NO  Thru CA  Self Remarks	HEALTH INSURANC	CE .										YE	s [	N	0									
Plan Coverage Due Date Insurance Company Remarks  LIFE INSURANCE	Family Size		Plan						Due Date	Due Date Insurance Compa								Rei	narks					
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Plan Coverage Due Date Insurance Company Remarks  LIFE INSURANCE																								
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SELF SPOUSE CHILD 1 CHILD 2 DEMAT Depository Company Folio No. Remarks  NCOME TAX RETURN YES NO Filed Upto dd/mm/yyy With Us Thru CA Self Remarks  YES NO	LIFE INSURANCE											YE	s	N N	0									
SELF   SPOUSE   SPO	Insured			Plan						Due Date	e Date Insura				any		Remarks							
CHILD 1 CHILD 2 CHILD	SELF							Jui 6	-															
CHILD 2  DEMAT  YES NO  Remarks  INCOME TAX RETURN  YES NO  Thru CA Self Remarks  IAP  YES NO	SPOUSE						$\dagger$																	
CHILD 2  DEMAT  YES NO  Remarks  INCOME TAX RETURN  YES NO  Thru CA Self Remarks  IAP  YES NO	CHILD 1						+																	
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Depository Company  Folio No.  Remarks  INCOME TAX RETURN  YES NO  Thru CA Self Remarks  IAP  YES NO												1												
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