



युनाइटेड इंडिया इंश्यूरेंस कंपनी लिमिटेड
UNITED INDIA INSURANCE CO. LTD.
Registered & Head Office: 24, Whites Road, Chennai-600 014.

NOTE: PLEASE WRITE IN CAPITAL LETTERS

APPLICATION FOR PENSIONER IDENTITY CARD

From

To
The Regional In-Charge
Regional Office / LCB _____

Affix recent
passport size
photograph
here

Dear Sir/Madam,

REG : ISSUE OF PENSIONER'S IDENTITY CARD

With reference to the above, I give below the particulars for issue of identity card.

Name	
Employee Number	
Designation	
Office last worked (BO/DO/RO/LCB/HO)	
Date of birth	
Date of Exit	
Blood Group	
Residential Address	
Mobile Number	

SPECIMEN SIGNATURE OF APPLICANT

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SIGNATURE

For office use only:

Verified the application submitted by the above applicant and found the same in order. **The ANNUITY NUMBER of the above applicant is** _____ (As received from HO Pension Dept.)

Name	
Emp. No.	
Designation	
Signature of Officer from Personnel Dept.	