

Nomination Form

Group Life and Personal Accident Insurance

This form needs to be filled to nominate people to receive the Sum Assured in case of insured member's demise. Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Policy Details

- A. Policyholder Name
- B. Policy Number

2. Nominee Details

I, with date of birth

Am employed with the above organization and covered under the above policy. I wish to appoint the below as nominee(s) to receive the Sum Assured in the event of claim under this policy due to my death.

Consequent to the above, I hereby appoint these nominee(s) to give a valid discharge to Oman Insurance Company and receive the proceeds payable on the account of my death as part of the insurance policy.

Name	Birth Date	% Share	Nationality	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. To be filled if nominee is a minor

I hereby appoint Mr./Ms.

with date of birth and nationality

as the appointee to receive the policy money in the event of my Death during the minority of the nominee(s).

Date

Insured Signature