



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)
BANGALORE DIVISION-II

OFFICE USE ONLY

Date of Report.....
Inward No..... Initials.....
Is licence in force?..... Initials.....

F.No. 340 (Rev. 2003)

PHOTO
OF
LIFE
PROPOSER

PHOTO
OF
PROPOSER

PROPOSAL FOR INSURANCE ON THE LIFE OF ANOTHER PERSON

(To be used for insurance on the lives of both Minor & Adult)

Divisional Office : _____ Branch Office : _____ Branch Code No. : _____

Agent's Name & Code No. : _____ Licence No. & Date of Expiry : _____

D.O.'s/CLIA's Code No. : _____ Proposal No. : _____

FOLLOWING QUESTIONS HAVE TO BE ANSWERED BY THE PROPOSER

1. Full Name of the Proposer _____
(IN BLOCK LETTERS)
Short Name of the Proposer _____ Date of Birth _____
Age _____ Years, Nationality _____
Address which will be incorporated in the policy and to which notices will be sent _____
Permanent / Residential Address _____
Present Occupation _____ Length of Service _____ Relationship to the life to be Assured _____
Income per Annum _____ Qualification _____
If proposer is female, husband's name _____ Age _____ Years Whether Employed/Business _____

2. Full Name of the Life to be Assured _____
(IN BLOCK LETTERS)
Short Name _____ Sex _____ Nationality _____
Present Occupation and nature of Duties _____ Length of Service _____
Full name of the father of the life to be assured _____

3. Table and Term of Assurance	Sum to be Assured (Rs.)	State, if premiums are Payable Yearly, Half-Yearly, Quarterly, Monthly or ECS	Amount of Deposit (Rs.)	If policies to be dated back, indicate such date

(a) Have you understood fully the terms and conditions of the plan you propose to take ?

4. Date of Birth of the Life to be Assured	Age nearer Birthday	Nature of Age Proof	Place of Birth

5. What is the object of this Assurance ?

6. **AML / KYC Requirements :**

ID Proof :	Residence Proof :	BANK A/C DETAILS	Income Proof :
Passport <input type="checkbox"/>	Telephone Bill <input type="checkbox"/>	1) Type of Bank A/c.	ITR <input type="checkbox"/>
PAN Card <input type="checkbox"/>	Electricity Bill <input type="checkbox"/>	2) A/c. No.	Employer's Certificate <input type="checkbox"/>
Voter's ID Card <input type="checkbox"/>	Ration Card <input type="checkbox"/>	3) IFSC Code	Bank A/c Statement <input type="checkbox"/>
Driving Licence <input type="checkbox"/>	Bank A/c Statement <input type="checkbox"/>	4) Name & Address of Bank	Any Other <input type="checkbox"/>
Letter from Recognised Public Authority of Public Servant verifying the Identity & Residence <input type="checkbox"/>	Letter from Recognised Public Authority <input type="checkbox"/>		Not Applicable <input type="checkbox"/>
Any Other <input type="checkbox"/>	Any Other <input type="checkbox"/>		

Following Questions are to be Answered by the Proposer if the Life to be Assured is a Minor

7. If the proposal is under Children's Deferred Assurance Plan :

(a) State whether, you wish to secure premium waiver Benefit in case of your death before the commencement of risk. (a) _____

(b) Do you agree to the condition that the Policy, is issued on the basis of this proposal, will automatically vest in the Life to be Assured on the deferred date ? (b) _____

8. If the proposal is under a plan other than the Children's Deferred Assurance Plan, do you agree to the condition that the policy, if issued on the basis of this proposal, will automatically vest in the Life to be Assured on his/her attaining the age of Majority? _____

Following questions are to be answered by the life to be assured

9. (a) Is your life now being proposed for another assurance or is any other proposal or an application for revival of policy on your life, under consideration in this or any other office of the corporation ? or any other insurer? If so, which is the office and give details : _____

(b) Have you during past one year, returned any policy of the Corporation as the same was not acceptable to you ? If so, give details : _____

10. Please give following details of your previous insurance if any :-

Name of Div. Office of the Corp. or of any other insurer	Policy Number	Sum Assured	Plan of Assurance	Year of Issue of Policy	Whether accepted as Proposed at ordinary rates	With or without Accident benefit	Medical or non-medical	Whether in force for the full sum assured	If not, give due date of the last premium paid and mode of payment

N.B. : Corporation does not entertain any fresh proposal for insurance where a previous policy is lapsed or has been converted intopaid-up policy within the last 3 years.

11. Has a proposal or an application for revival of Policy on your life made to this or any other Office of the Corporation or any Insurance Company ever been.

(a) Withdrawn or dropped ? _____ (c) Accepted with an extra premium or lien ? _____

(b) Deferred or declined ? _____ (d) Accepted on terms other than those proposed ? _____

If so, give details :

12. Have you any prospect or intention of engaging in Aviation or entering Naval or Military Service or taking up any other hazardous occupation or pursuit ? If so, give details :

13. a) What has been your usual state of health ? (a) _____

b) Have you any bodily defect or deformity ? If so, give details (b) _____

c) Have you had (i) Small pox or (ii) Successful Vaccination? (c) (i) _____ (ii) _____

d) (i) Are you suffering from Pyorrhoea? (d) (i) _____

(ii) State number of missing teeth, if any? (ii) _____

(iii) For how many missing teeth, denture is worn ? (iii) _____

14. Have you ever suffered from or are you suffering from :

a) Persistent cough, Asthma, Bronchitis, Pneumonia, Pleurisy, Spitting of Blood, Tuberculosis or any disease of Lungs ?	Answer Yes or No a)	If "Yes" describe fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment taken, result and names and addresses of doctors consulted, giving reference to Question No. for questions 14 to 18. Details of Q. No.
b) High or Low blood Pressure, Rheumatic Fever, Pain in chest, Breathlessness, Palpitation, infarction or any disease of the heart or arteries?	b)	
c) Peptic Ulcer, Colitis, Jaundice, Anaemia, Piles, Dysentery or any disease of the Stomach, Liver, Spleen, Gall Bladder or Pancreas ?	c)	
d) Any disease of Kidney, Prostate or Urinary System ?	d)	
e) Paralysis, Insanity, Epilepsy, Fits or any kind of Nervous breakdown or any other disease of the brain or Nervous system ?	e)	
f) Hernia, Hydrocele, Varicocele, Fistula, Varicose Veins, Skin Eruption, Filariasis, Goitre, Gonorrhoea, Syphilis or any other Venereal disease ?	f)	
g) Cancer, Leprosy, Rheumatism, Gout, Enlarged Glands or tumours ?	g)	
h) Any disease of the Ear, Nose, Throat or Eyes including defective sight or hearing and discharge from the ears.	h)	

15. Have you been suspected of diabetes or are you suffering from diabetes or have you ever passed Sugar, Albumin, Pus or Blood in urine.

16. Have you consulted a medical practitioner within the last five years for any ailment requiring treatment for more than a week ?

17. Have you remained absent from place of your work on ground of health during the last 5 years.

18. (a) Did you ever had any operation, accident or injury ? a).....

(b) Have you ever had an Electrocardiogram, X-Ray, Blood Urine or stool examination ? b).....

(c) Have you ever been in any hospital, asylum, sanatorium for checkup, observation, treatment for any operation ? c).....

19. (a) Do you use or have you ever used alcoholic drinks, narcotics or any other drug ? If so, what? Also state quantity consumed per day.

(b) Have you ever received or at present availing/under going medical advice, treatment or tests in connection with Hepatitis B or in AIDS related condition?

20. Family History	Living		Dead		21. For Minor Lives Only : Give below the particulars of all the assurance in full force on the lives of your parents, brothers and sisters.	Relationship	Policy No.	Sum Assured	Annual Premium Paid
	Age	State of Health	Age at Death	Cause of Death					
Father									
Mother									
Brothers :									
Living No.....									
Dead No.....									
Sisters :									
Living No.....									
Dead No.....									
Wife/Husband									
Children :									
Living No.....									
Dead No.....									

22. Has any of your relations, living or dead suffered from any hereditary or infectious disease like Diabetes, Insanity, Epilepsy, Gout, Asthma, Tuberculosis, Cancer, Leprosy etc. ?

23. N.B. : If the proposal is to be considered without medical report (i.e. non-medical basis) state :
 (a) Your Height (without shoes) _____ Cms
 (b) Your exact Weight (with thin clothes) _____ Kgs

24. (a) Your educational qualification _____ (b) Your average monthly income : Rs. _____
 (c) State source of income _____ (d) Whether you pay income tax ? _____

Additional questions to be answered by Female Life to be Assured (Questions 25 to 26)

25. If you are married, please state :
 (a) Husband's full name _____
 (b) His Occupation _____ (c) His average monthly income : Rs. _____
 (d) Give below the details of his life assurance Policies.

Office of the Corporation	Policy No.	Sum Assured	Plan & Term	Present condition of the Policy

26. (a) Do you observe purdah ?
 (b) Have the menstrual periods always been regular and painless ?
 (c) State the date of last menstruation
 (d) Are you pregnant now ?
 (e) State the date of last delivery
 (f) Have you had any abortion or miscarriage ?
 (g) Did you have any complication related to pregnancy ?
 (h) Have you any weakness or injury resulting from child bearing or miscarriage ?
 (i) Have you suffered or are you suffering from any disease of breast, ovaries or uterus

DECLARATION BY THE LIFE TO BE ASSURED

I _____ (name of the Life to be assured) whose life is herein before proposed to be assured, do hereby declare that the statements and answer under heading 8 to 26 of the proposal form have been given by me after fully understanding the questions and the same is true and complete in every particular, and that I have not withheld any information.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging, any knowledge or information about me concerning my health or employment, on the ground or secrecy I, my heirs, executors, administrators and assigns or any other person having interest of any kind whatsoever in the Policy contract issued to me, hereby agree that the such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information, to the Corporation.

Dated at _____ on the _____ Day of _____ 20 _____

Signature of witness _____

Occupation & Address _____

(Signature or thumb impression of the Life to be Assured)

Signature of witness _____

Occupation & Address _____

I do hereby declare that the foregoing statement and answers are true and complete in every particular

Signature of the Proposer
 (If the life to be assured is under 18 years)



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LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

BANGALORE DIVISION-II

AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT

Agency Code	
Dev. Officers Code / CLIA	
Branch Code	
Proposal No.	

Agent's Name & Address and Particulars of Club Membership :

Licence No. : _____
Date of Expiry of Licence : _____

Name of Proposer & Age	Name :	Age :
Name of Life Proposed & Age	Name :	Age :

Sum Proposed : Rs. _____

Proposer's Occupation & Nature of Duties _____

- Since how long do you know the life proposed ?
 - Are you related to him / her ? If so give details
 - What is the educational qualification of the life proposed ?
 - Whether KYC/AML Norms are fulfilled for the Proposer ?
 - Are you satisfied that the life proposed and/or proposer is not connected with any terrorist activities ?

	Proposer	Life Proposed	Remarks
(i) Give details of annual Income from			
(a) Employment Rs.			
(b) Business / Profession Rs.			
(c) HUF Rs.			
(d) Other sources (specify details) Rs.			
Total Rs.			

- What proof of income is verified by you in respect of income stated above ?
 - Whether it is salary sheet of certificate issued by the employer ?
 - Whether it is certificate issued by the C.A. ?
 - Whether copies of Income Tax returns verified ? What is the PAN ?
 - Are you personally satisfied with the financial standing of the Proposer/Life assured and justify the current proposal ?
 - Whether KYC / AML Norms are fulfilled for the Proposer ?
 - Are you satisfied that the life proposed and/or proposed is not connected with any terrorist activities ?

- What is the general state of health of the life proposed?
 - Does he/she have any physical deformity, impaired sight or hearing, physical impairment or mental retardation ?
 - Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation, hospitalisation or medical investigations ?

- Did you discuss with proposer (Life proposed) the status of the previous policies ?
 - Are you satisfied that no policy has lapsed within the last three years ?

5. Are you aware of any proposal (or revival of any policy) of the life proposed having been deferred, declined, dropped or accepted at terms other than those proposed ? If yes, give details.

6. Are you aware of anything in the occupation, financial or social position of the Life proposed, his/her personal habits or any other circumstance which are likely to add to the risk ?

7. Under Non-Medical case only, give

(a) Marks of identification

(b) Exact physical measurements

NOTE:

(i) Girth of Abdomen over Naval level

(ii) Girth of Chest at Nipple level

(a) _____

(b) Height in cms.	Weight in kgs.	Abdomen in cms.	Chest in cms On Expiration	Measurement in cms. On Inspiration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Have you explained fully the terms and conditions of the plan to the proposer ?

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at _____ on the _____ day of _____ 20____
(Place)

Signature of the Agent

(To be completed by the Dev. Officer)

I am satisfied with the identity of the party, and , on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at _____ on the _____ day of _____ 20____
(Place)

Name & Designation _____

Standing (No. of years) _____

Signature of the Dev. Officer

(To be completed by the ABM(S)/BM/Sr. BM / Chief Manager)

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at _____ on the _____ day of _____ 20____
(Place)

Name & Designation _____

Signature of the Officer (ABM(S)/BM/SBM)

PROPOSAL CALUSE No. 10A

F.No. 3293 (A)

Re : Proposal on the Life of my son / daughter

With reference to the proposal for Rs. _____ on the life of my son / daughter, I hereby agree and undertake that if under the policy that may be issued and payment is received by me by way of loan (if admissible), surrender, cash option, or for any other reasons whatsoever, before the policy has vested in the life assured, I shall utilise the moneys thereby received for the benefit of the minor or his/her estate

Signature of the Witness

Signature of the Proposer

Name : _____

Occupation : _____

Address: _____

**ADDENDUM TO PROPOSAL FOR ASSURANCE ON THE LIVES OF
 MINORS AND NON-EARNING MAJOR LIVES**

Name of the Life to be Assured _____ Proposal No. _____

Name of the Proposer/Parent _____ Sum Proposed _____

1. If the life to be assured is attending School/College Please give :

- (i) Name and address of the School/College he/she attends :

- (ii) Class in which he/she is studying : _____

- (iii) If studying in college, his/her subjects of study : eg (Mechanical / Electrical Engineering, Mining etc. and whether training in hazardous processes)

2. Full Particulars of Insurance Policies in force on the date of proposal, issued by any Existing Business Unit of Corporation on the lives of other members of the family :

Members of the L.A.'S Family	Name of the Servicing Branch	Policy No.	Sum Assured	Plan of Assurance	Due Date of last Premium Paid	Total Premium paid/payable during the year
Indicate Father Mother Brother Sister etc.						
Total Premium (per year)						

3. Please state whether the premium under the resulting Policy would be financed from HUF Funds or individual income. (If paid through HUF funds, please submit the relevant addendum.)

I hereby declare that the above statements are true in every particulars and agree that they shall form part of the basis of the contract of Assurance between me and the Life Insurance Corporation of India.

I also agree to pay the Premium under the Policy, if and when issued, till the life assured starts earning herself/ himself

I am aware that the policy to be issued on the basis of the above proposal given by me will automatically vest in the life to be assured

- (i) On the deferred date in terms of special Provisions incorporated in the Policy.
- (ii) On his/her attaining the age of majority as provided for in the policy, and I agree to it.

Place :

Date :

**Signature of Proposer /
 (Father / mother)**

N.B. : If the proposer signs in any other language or affixes his/her thumb impression, usual vernacular declaration and / or illiteracy declaration must be obtained over his/her signature/ thumb impression as the case may be.

TO BE COMPLETED BY BM / ABM (S) / DO / CLIA / AGENT AUTHORISED TO GIVE MHR

Name of the Life to be Assured :

Name of the Proposer / Parent :

Full particulars about the social, Cultural & Educational background of the proposer and his family :

(a) Health and habits :	
(b) Particulars of the business and employment : Monthly income from :	
(i) Employment	Rs.
(ii) Business / Profession :	Rs.
(iii) Agriculture	Rs.
(iv) Other sources : (Sources to be specified)	Rs.
(c) Financial indebtedness	
d) Standard of Education and Outlook	
(e) If the other insurable members of the family are not adequately covered, reasons thereof	
(f) Details of sources from which the information given against the above questions have been gathered	

I hereby declare that the above information is true in every respect and affirm that no moral hazard is involved in this case.

Place :

Date :

Name :

Code No. :

***Signature of
Br / Branch Manager / ABM(S) /
DO / CLIA / Agent**

AUTHORISATION

I authorise my Agent / Development Officer

Shri / Smt. / Kum. to collect my policy bond bearing No.

Name of the Life Assured / Proposer :

Date :

WITNESS :

Signature :

Name :

Occupation :

Address :

Signature of Proposer