



شركة التامين على الحياة (العالمية) ش م ب معفاة Life Insurance Corporation (International) E.C.

C.R. No.21606

NON-MEDICAL PROPOSAL FOR LIFE INSURANCE UNDER PROFESSIONAL EDUCATION PLAN

Please write all answers in BLOCK CAPITALS. Alterations/
Corrections to be initialled by the proposer.

Office use only

Receipt of Ppl

□□	□□	□□
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Date of Deposit

□□	□□	□□
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Chief Agents Code

□□□

Collector's Code

□□□

Name of Agent

□□□□□□□□□□

Code No.

□□□□□□□□

Ppl No.

□□□□□□□□□□

Amt. of Deposit

□□□□□□□□	□□□
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Currency

□

Pol. No.

□□□□□□□□□□

1. NAME OF PROPOSER MR. / MRS. / MISS

□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□
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LAST NAME

FIRST NAME

MIDDLE NAME

2. PARTICULARS OF THE LIFE TO BE ASSURED

(i) FULL NAME

□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□
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LAST NAME

FIRST NAME

MIDDLE NAME

(ii) ADDRESS TO WHICH
CORRESPONDENCE
SHOULD BE DIRECTED

□□□□□□□□□□
□□□□□□□□□□
□□□□□□□□□□

(iii) PERMANENT ADDRESS
IN HOME COUNTRY

.....

.....

.....

.....

(iv) SEX

MALE

FEMALE

DATE OF
BIRTH

□□	□□	□□
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NATIONALITY

PHONE : OFF:

RES:

AGE LAST
BIRTHDAY

□□

PASSPORT NO.

PLACE OF BIRTH

PROOF OF AGE

DOCUMENT	NO / DATE

(AUTHENTICATED COPY TO BE
ENCLOSED)

(v) FATHER'S NAME

3. PARTICULARS OF THE POLICY PROPOSED FOR

SUM ASSURED	CURRENCY
□□□□□□□□	US\$

Plan of assurance □□□□□□□□	Term (Yrs) □□	Mode of Premium Payment Y - Yearly H - Half-yearly Q - Quarterly M - Monthly S - Single Premium.	Policy to commence from □□ □□ □□ (if dating back required)
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(i) Do you wish to secure Premium Waiver Benefit

YES

NO

(ii) Do you wish to secure Family Protection Benefit

YES

NO

4. FURTHER PARTICULARS OF THE LIFE TO BE ASSURED

(a) List all policies on the proposed life.

Policy No.	Name of Insurance Co.	Amount	Year of Issue	Accident Benefit	Last Premium Paid

(b) List all proposals anytime declined/pending/accepted at other than normal terms

Proposal No. & Date	Amount	Name of Insurance Co.	Cause for declinature/ Pendency /Altered terms offered:

5. Family History of the life to be Assured	LIVING		DEAD		6. Give below the particulars of all the assurances in full force on lives of parents, brothers and sisters of the life to be assured		
	Age	State of Health	Age at Death	Cause of Death			
Father							
Mother							
7. Has any of the relatives of the life to be assured living or dead suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy etc.							
8. Has the life to be assured come in contact during the last three years with any person suffering from tuberculosis, leprosy or any other infectious disease? If so, give details.							
9. (a) Is the life to be assured now in good health and free from disease? (b) Is the life to be assured of good constitution? (c) Has the life to be assured any body defect or deformity? If, so, give details. (d) Has the life to be assured had successful vaccination					(a)	_____	
					(b)	_____	
					(c)	_____	
					(d)	_____	
10. (a) Has the life to be assured ever had any illness or disease? If so give details. (b) Has the life to be assured ever had any operation, accident or injury? If so give details (c) Has the life to be assured ever had an Electro-Cardiogram, X-Ray or Screening, Blood Urine or Stool Examination? if so, give details. (d) Has the life to be assured ever been admitted in any hospital asylum, or sanatorium for check up observation, treatment or any operation? If so give details. (e) Has the life to be assured ever received or at present availing undergoing medical advice, treatment or tests in connection with Hepatitis B or and AIDS related condition.					(a)	_____	
					(b)	_____	
					(c)	_____	
					(d)	_____	
					(e)	_____	
11. Is the life to be assured a student? If so, in which standard							
12. Do you agree to the condition that the Policy if issued on basis of this proposal will automatically vest in the life to be assured on the deferred date?							
13. Have you understood fully the terms and conditions of the plan you propose to take?							

Declaration

I _____ (Name of the Proposer), do hereby declare that the foregoing statement and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Life Insurance Corporation (International) E.C. that if any untrue averment be contained therein the said contract shall be absolutely Null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Company.

And I further agree that after the date of submission of the proposal but before the issue of First Premium Receipt any change in the general health of the life to be assured or that of any member of his family occur I shall forthwith intimate the same to the Company in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all money which shall have been paid in respect thereof shall stand forfeited to the Company.

Dated at _____ on the _____ day of _____ 200

Signature of Witness _____

Occupation and Address _____

Signature of the proposer _____

AGENT'S CONFIDENTIAL REPORT (LIFE ASSURED)

Name of Life Assured : _____

- | | | | |
|--|-----------|---|-----------|
| 1. (a) How long you have known the LA | (a) | (c) Have you any knowledge of LA having suffered from any illness or injury or has LA undergone any operation or hospitalisation? | (c) |
| (b) Are you related to the LA? If so, how? | (b) | | |
| (c) Did you personally see the LA on the date of proposal? | (c) | (d) Do you have knowledge of any Unfavourable information about the health, habits, character, occupation of the proposed life assured. Give details if 'Yes' | (d) |
-
- | | | | |
|---|-----------|--|--|
| 2. (a) What is the general state of health of the life to be assured? | (a) | | |
| (b) Does LA have any deformity, impaired sight or hearing, amputation? hospitalisation? | (b) | | |

I hereby declare that the forgoing statement are true and correct to the best of my knowledge and belief. I have also personally verified the particulars and I confirm the same to be correct.

Dated at _____ on the _____ day of _____ 20

Signature of the Agent

AGENT'S CONFIDENTIAL REPORT (PROPOSER)

Name of Proposer : _____

- | | | | |
|--|-----------|---|-----------|
| 1. (a) How long you have known the proposer | (a) | 3. (a) What is the general state of health of the proposer? | (a) |
| (b) Are you related to the proposer? If so, how? | (b) | (b) Does proposer have any deformity, impaired sight or hearing, amputation? | (b) |
| (c) Did you personally see the proposer on the date of proposal? | (c) | (c) Have you any knowledge of proposer having suffered from any illness or injury or has proposer undergone any operation or hospitalisation? | (c) |
-
- | | | | |
|----------------------------------|-----------|--|-----------|
| 2. (a) Proposer's monthly income | (a) | (d) Do you have knowledge of any Unfavourable information about the health, habits, character, occupation of the proposer. Give details if 'Yes' | (d) |
| (b) Sources | (b) | | |
| i) Employment | | | |
| ii) Business or Profession | | | |

I hereby declare that the forgoing statement are true and correct to the best of my knowledge and belief. I have also personally verified the particulars and I confirm the same to be correct.

Dated at _____ on the _____ day of _____ 20

Signature of the Agent

Premium Calculation to be completed by Agent.

Tabular Premium = Table Term Mode

Premium Waiver Benefit =

Family Protection Benefit =

Total Premium =

Instalment premium =X..... =

Currency

For Office Use

Calculation verified by.....

No. of instalments paid	Instalment premium	=	Total deposit paid with proposal	Signature
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