

**LIC**
INTERNATIONALشركة التأمين على الحياة (العالمية) ش.م.ب (مقفل)
Life Insurance Corporation (International) S.S.C.(c)A Company incorporated in the Kingdom of Bahrain (C.R. No. - 21606)
and licensed by the Central Bank of Bahrain as a Life Insurance Company
with paid-up capital of BD 20,000,000.**Proposal for Life Insurance**

Form no. PF-01

(Proposal Form for own life insurance under conventional plans)

Please write all answers in BLOCK capital letters.

Kindly authenticate alternations/corrections. Kindly sign at the bottom of each page from page 1 to 3

Inward No :	Date of inward :
Name of Consultant :	Consultant Code No :
Chief Agent Code No. :	
Proposal Deposit Currency : BD/ USD/ AED/ KD/ OR/ QR/	Proposal Deposit Amount :
Date of Proposal Deposit :	Proposal Number :

Part A: Personal Details of Proposer (Please provide details as per questions mentioned therein)

Q. No.											
1.	Full Name:-	Sex : Male/ Female Date of Birth: Age proof: Age: Place of Birth and Country of Birth									
		D D M M Y Y Y Y Years- Months -									
2.	Address for Communication: (Kindly provide proper address proof for this):-	Permanent Address in Home Country:-									
3.	Contact Phone numbers at present place of residence ISD Code:- Office:- Residence:- Mobile:-	Contact Phone numbers in Home Country ISD Code:- Residence:- Mobile:-									
4.	Email-ids:-										
5.	Father's full Name (Surname first):-										
6.	Nationality / Citizenship/s:(Kindly mention names of Countries of which you are holding citizenship)										
7.	Passport Number - Date of Expiry -	CPR/Resident/Citizenship Card No. - Date of Expiry -									
8.	Educational Qualifications: -	All Sources of Income: -									
9.	Monthly Income from all Sources: -										
10.	Occupation/Profession:-	Name and address of Employer: -									
11.	Nature of Duties:-	Object of Insurance: -									
12.	Particulars of the Plan/s proposed for :										
	Plan	Term (Years)	Premium paying term	Mode Yly/ Hly/ Qly/ Mly/ S.P.	Sum assured USD (\$)	Premium USD (\$)	Top Up Premium USD (\$)	Double accident Benefit required (please state the Sum Assured)	Premium waiver benefit required	Family protection benefit required	Date of commencement (if date backing required)

Part B: Personal Statement of Proposer about present state of health

Note: - Please read carefully and answer every Question. Do not use dots, dashes, or Ditto Marks. In case answer is yes, please give full details in the space provided or attach separate sheet.

(This part need not be filled in case of without risk cover policies)

Q. No.	Question	Answer
1.	During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more § a week?	
2.	Have you ever been admitted to any hospital or nursing home for general checkup, observation, treatment or operation?	
3.	Have you remained absent from place of work on grounds of health during last 5 years?	
4.	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system, Diabetes, Tuberculosis, High Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease?	
5.	Did you ever have any bodily defect or deformity?	
6.	Did you ever have any accident or injury?	
7.	Do you use or have you ever used :	
	i. Alcoholic drinks	iii. Any other drugs
	ii. Narcotics	iv. Tobacco in any form
8.	What has been your usual state of health?	
9.	Have you ever required or at present availing/ undergoing medical advice, treatment or tests in connection with Hepatitis or AIDS/HIV related condition	
10.	In non-medical cases, please state exact Height in centimeters, and weight in Kilograms (without shoes)	Height _____ Cms Weight _____ Kgs

11. Family History:-

Relation ship	Living		Dead	
	Age	State of health	Age at death	Cause of death
Father				
Mother				

12. For Female Proposer/Life Assured only: -

a. Personal Details (To be answered if applicable):-

Are you pregnant now? (If yes, give details like the number of months of pregnancy)	State date of last delivery	Have you had any abortion or miscarriage or Caesarian section? If so please give details	Date of last Menstruation

b. If you are married, kindly furnish following details.

- i. Husband's full name: -
- ii. His occupation: -
- iii. His annual Income: -
- iv. Details of Husband's Insurance: -

Policy No.	Insurance companies from where previous policy / policies have been purchased with address *	Sum Assured	Plan and term	Present status of the policy

*If previous policies from LIC (International) BSC (C) please give name of the branch office (Please attach separate sheet if space is not sufficient)

Part C: Declaration by Proposer:

1. I _____ (Name of the proposer), do hereby declare that the foregoing statements and answers in part A and part B above 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 do hereby agree and declare that these statements and this declaration shall be basis of the contract of assurance between me and Life Insurance Corporation (International) B.S.C.(C) (referred as "the Company" hereinafter). I agree that they shall form a part of any Policy contract that may be issued on the strength thereof. I am also fully aware and agreeing that if any untrue information 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.
2. I have fully understood the terms and conditions of the proposed plan and maturity and death benefits available under the proposed plan.
3. I further agree that the assurance proposed herein shall commence only on formal communication of assumption of risk by the Company on the basis of this proposal and personal statement and medical reports submitted thereto as may be required by the Company.
4. I further agree that after the date of submission of the proposal but before the issue of First Premium Receipt, any change in my occupation, financial position and the general health or that of any member of my 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.
5. I hereby authorize any medical practitioner, physician, hospital, Insurance Company or any other organization, which has any records or knowledge of me or my health to provide any and all such information to the Company. A photocopy of this authorization shall be as valid as the original.
6. I hereby confirm that this proposal form is filled in and signed after understanding fully the relevant provisions of anti-money laundering legislations and regulations and Know-Your-Customer (KYC) requirements and comply with the same.
7. I also declare that I am not engaged in any activity that may be considered illegal under anti-money laundering legislations and that funds deposited by me towards the premium for the life insurance proposal/policy are the proceeds of legal and legitimate transactions. I also authorize the Company to disclose information relating to me and my funds to any regulatory authority. I also know the fact that regulatory/ Government authorities may withhold any policy moneys/ funds to my credit and that transactions may be suspended as a result of any enquiry by such regulatory authorities. In the happening of such event, I will not hold the Company responsible for any losses of any kind arising out of or consequent thereto such holding/ freezing of funds/ policy monies.
8. I authorize the company to send the correspondence through e-mail/ SMS to my email ids or mobile numbers provided in this form and any subsequent changes in e-mail-ids or mobile numbers will be notified to the company.
9. I also declare that presently I am not citizen of USA or the resident of USA. In case I take citizenship of USA or become resident of USA I will inform the office immediately and will comply with any requirement under FATCA regulations.*

Date: -

Place:-

Signature of Witness

Signature of Proposer

Name of Witness: _____

Name of Proposer - _____

Address of Witness: _____

*strike off if not applicable

Specimen Signatures of the Proposer

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If answer to the questions and/or signature of the proposer are/is in language other than from the proposal he/she should declare in his/her own handwriting above his signature that all questions were explained to him/her and that his/her replies are given after fully and properly understanding the same.

AUTHORISATION LETTER FOR HANDING OVER POLICY DOCUMENT

I hereby authorize _____ (Name of consultant)

to collect policy document/s on my behalf subsequent to the acceptance of risk under the subject proposal.

Signature of Proposer

Consultants' Confidential Report (Moral Hazard Report)

Name of Proposer: _____

1.	Plan and Term proposed:	Sum Assured Proposed:	Mode of Payment:
2.	How long have you known Proposer?		
3.	What is Educational Qualification of the Proposer?		
4.	What is Citizenship and Residential Status of the Proposer?		
5.	Are you related to the Proposer? If so how?		
6.	Did you personally see the Proposer on the date of proposal?		
7.	Proposer's total monthly income by way of following sources		
	a. Employment		
	b. Business or profession		
	c. Any other Source		
	d. Total		
8.	What proof of income has been verified by you in respect of the income stated above?		
9.	Are you personally satisfied with the financial standing of the Proposer?		
10.	Whether the insurance proposed is justified with the financial standing of the Proposer?		
11.	What is the source of funds being used for payment of premiums of this proposal?		
12.	Are you aware of any intention of the Proposer of assigning the policy within 12 months of taking the policy for any reason other than for security against personal loan from bank or financial institution?		
13.	Whether all KYC/AML norms are fulfilled for the Proposer?		
14.	Are you satisfied that the Proposer is not connected with any terrorist activities?		
15.	What is the general state of health of the Proposer?		
16.	Does the Proposer have any deformity, impaired sight or hearing, amputation?		
17.	Did you discuss with the Proposer if any proposal on his/her life was deferred, declined, dropped or accepted at terms other than those proposed?		
18.	Do you have knowledge of any unfavorable information about the health, habits, character, financial/ social position, occupation, hospitalization of the Proposer? If "yes" give details		
19.	Have you explained fully the terms and conditions of the plan to the Proposer?		
20.	Do you recommend the acceptance of the proposal?		
21.	Kindly mention the height and weight of the Life to be Assured		Height _____ Cms Weight _____ Kgs

I hereby confirm that proposal form is filled and signed by the proposer after discussions on relevant aspects concerning the proposal, anti-money laundering legislations, know your customer regulations (KYC) and FATCA regulations. I am satisfied with the client's identity and he is not engaged in any activity considered as illegal under anti-money laundering legislations and regulations and the funds deposited as proposal deposit towards the life insurance proposal are the proceeds of legal and legitimate transactions.

I hereby declare that the forgoing statements are true and correct to the best of my knowledge and belief. I have also personally verified the particulars and checked the physical measurements of the life to be assured mentioned in the personal statements and I confirm the same to be correct.

Date :

Place :

Signature of Consultant
MDRT/ COT/ TOT/ Other
No of years standing: _____