

Annexure 1

QUESTIONNAIRE

- 1. Name of The Proposer :**
- 2. Email Id :**
- 3. Contact No. :**
- 4. Permanent Address (India /Overseas) :**

- 5. Date of Birth :**
- 6. Age of Proposer (as on last birthday) :**
- 7. Sex :**
- 8. Educational Qualification :**

- 9. Present Occupation :**

- 10. Gross Annual Income (in Rs.):**
- 11. Medical History, if any :**

- 12. Habits (Smoking/ Drinking) :**
- 13. NRI/NRE account in India : YES NO**
- 14. Need for Insurance :**

- 15. Name of Life to be Insured :**

16. Age of Life to be Insured :

17. Plan Details :

Name of the Plan _____

Sum Assured _____

Premium Amount _____

Frequency _____

Term of the Plan _____

Premium payment term _____

Any other details _____

18. Preferred Mode of Payment :

19. Any other qualitative comments :

20. Signature :

21. Date :