

Proposal Form

Proposal Number : _____ RO Code :

Name of RO : _____

Office Name : _____ Office Code :

A. Information of Policy Applicant:

Name in English (বড় অক্ষরে) : _____
(NID অনুযায়ী)

Name in Bangla : _____
(NID অনুযায়ী)

Father's Name : _____

Mother's Name : _____

Marital Status : Single Married Divorced Widowed

Spouse's Name : _____

Date of Birth : _____ Age : _____ (years) Gender : Male Female Nationality : _____

Age Proof : NID S.S.C Birth Cert. Passport is must for Remittance Earner Age Proof Document No. : _____

Mobile Number : _____ Education Level : _____

B. Contact Address :

Present Address : _____ Post Code : _____ City : _____

Permanent Address : _____ Post Code : _____ City : _____

Principal Occupation : Service Business Others: _____

Name of Employer : _____ Designation & Exact Daily Duty : _____
(Office, shop)

Annual Income : _____ BDT From Employment : _____ BDT Other (If any) : _____ BDT

C. Bank A/C Name : _____ Bank A/C No. : _____

Bank : _____ Branch : _____

D. Insurance Plan : _____ Term : _____ Amount of coverage : _____

Supplementary Contracts : ADB PTD PPD WP AMR CI Plan: _____ Amount _____ Others : _____

Medi Guard				Name of Insured (maximum 3 children)		DOB	Amount
	Name of Insured	DOB	Amount	3			
1				4			
2				5			

E. Details of Payment made with this application : BDT _____ MFS (txnid)/Online (txnid)/Cheque No. : _____

Name of Bank / MFS : _____ Transaction Date : _____

Mode of Premium : Annually Semi-annually Quarterly Monthly Single Premium

F. Beneficiary Details :	Name	Relation	Date of Birth	Share (%)
In case of minor beneficiary, name of legal guardian is a must				

G. Information of all existing Insurance (life, accidental or critical illness)

Policy Number	Company	Amount of Coverage	Plan	Year Issued

H. Do you know, any of your previous life insurance policy was declined, postponed, accepted with extra premium and pending for underwriting decision? : Yes / No

Policy Number	Company

I. Additional Questions for female applicant :

a) Husband's name : _____ b) Annual Income : _____

c) Source of Income : _____ d) Husband's Job Address : _____

e) Husband's Policy (if any) : _____ Amount : _____ Company : _____

J. Health Questionnaire				Yes	No				Yes	No	
1. Are you in good Health? If No, please give in details											
2. Did you ever consult doctor for any surgical treatment or any injury?						5. a. Any hereditary disease (paternal or maternal) like epilepsy, diabetes, hypertension, asthma, tuberculosis, leprosy, mental disease?					
3. Did you ever suffer from any of the following disease? :						b. Any Hereditary disease, Cancer, Rheumatic disease, Gout, Arthritis?					
a. Epilepsy, Fits, Frequent headache, Mental or Neurological disorder?						6. Do you have weight loss in last one year?					
b. Blood vomiting, Cough, Bronchitis, Tuberculosis, Pluresy, Pneumonia, Respiratory disease?						7. Did you ever do X-Ray, ECG, Blood tests or any other medical tests?					
c. Hypertension, any heart disease or chest pain, vascular disease?						8. Did you ever seek medical treatment or surgical for other disease not mentioned here?					
d. Appendicitis, Dysentery, Peptic Ulcer, Hernia, any Spinal or Abdominal disease?						9. Are you living with any contagious diseased patient?					
e. Stone in bladder, Sex disease, Sugar in Urine or Diabetes, Pus or Albumin in Urine?						10. Are you habituated to tobacco, alcohol or any drug?					
f. Any disease of nose, ear, throat, eye and Thyroid?						Number of Cigarette:					
4. Do you know any information regarding your health which is life threatening in near future?						Consumption of Alcohol:					
If any answer is yes, write in details :											
11. Family History											
Living					If Dead						
Relation	No.	Age	Health Status		Age on Death	Cause of Death	Year of Death				
Father											
Mother											
Brother											
Sister											
Spouse											
Son											
Daughter											
12. Height: _____ Ft-Inch / _____ Cm Weight: _____ Kg / _____ Pounds											
13. For female only											
a) Are you pregnant now?						b) Did you ever suffer from any disease of breast or uterus?					
c) Was there any complication during previous pregnancy or child birth?						d) Age of last child: _____ (years)					
e) Date of last menstruation: _____				If any answer is "Yes" write in Details:							

K. Elective Non-forfeiture Provision (for details please refer to our Shanta Life Policy Document) :

- ☐ Premium Loan (PL) : Continue to advance the Premium due as Premium Loan from Total Cash Value (A) ☐ Paid up with Advance Premium (B)
- ☐ Non-Participating Reduced Paid-Up Insurance (C)

If at the expiration of the Grace period, Premium remains unpaid, no provision from above is selected and Policy has acquired a basic cash value, Reduced Paid-Up" option will automatically take effect.

Declaration

- I declare that the answers of all the questions mentioned in this Proposal Form are true and correct to the best of my knowledge. I understand and accept that the information provided by me in this Proposal Form with any other statement made/documents submitted by me, and any medical reports submitted form the basis of the proposed life insurance contract.
- I authorize the life insurance company to investigate about me and also permit the hospitals/physicians or any informed person to disclose relevant information about me.
- I, further, declare that if any misstatement made or material fact concealed in the above-mentioned statement, life insurance proposal form or any document submitted by me, any claim under this proposed policy will be declined. This will also be true if risk on my life is increased after submission of life insurance proposal, but before the issuance of First Premium Receipt (cover note) and the life insurance company is not informed about the increased risk. If any claim is declined for above reasons, all deposited premium shall be forfeited by the Company.
- I propose to buy life insurance policy on my life and others (if any) after reading, listening, understanding and agreeing to all terms & conditions of the Policy.

Underwriter's Comment (if any):

Signature of Witness/ Relationship Officer	Code Number	Date and Place	Signature/Fingerprint of Insured
If witness is not Shanta Life's RO,			Place: _____ Date: _____
Name : _____			
Address : _____			
Mobile Number : _____	Signature/Fingerprint of Guardian (if insured is minor)		
Signature of Assistant Sales Manager/Agency Supervisor	Code Number	Date and Place	

KYC and Agent's Report

Information of Policy Applicant

Name				Date of Birth			
Father's Name				Mother's Name			
Spouse's Name				Nationality			
Client Identity	☐ NID	☐ Passport	☐ Birth Certificate	☐ SSC	☐ E-TIN	☐ Driving License	

01. How long have you known the Proposed Applicant _____ 02. Is your Proposed in Good Health _____

03. Is the Proposed in any way related to you? (give ✓) ☐ Yes ☐ No If Yes, how? _____

04. Do you know of any sickness and/or injury of the Proposed? (give ✓) ☐ Yes ☐ No If Yes, mention details _____

05. Are you sure that the proposer's habits, daily routines and lifestyle is detrimental/harmful to his/her health? (give ✓) ☐ Yes ☐ No

If Yes, mention details _____

06. Please provide exact daily duties of the Proposed _____

07. What is his/her monthly income _____ 08. Source of Income _____

09. Source of income documents _____

10. Do you consider this insurance is acceptable by the company? _____

11. (a) Name of Beneficiary (ies) _____

(b) Relationship _____

(c) Occupation _____

(d) Mobile Number _____

12. Type of Risk of this proposed ☐ High ☐ Low

13. Comments

I hereby certify that the answers to all the questionnaires in the application and KYC form are correct, and to the best of my knowledge, nothing is concealed in this form which might be detrimental to assessing the risk.

 Name of Relationship Officer

 Code Number

 Signature of Relationship Officer

 Date

 Name of RM/ASM

 Code Number

 Signature of RM/ASM

 Date