



Branch Office..... Proposal No..... Agent's Name : **SANJIV BAJAJ**

Licence No..... Dt. of expiry..... Agent's & DO's Code : **83329111**

Note :

- (1) Bima Nivesh will not require Medical underwriting for the basic sum assured of Rs. 10 lakhs and below (this includes all proposals under consideration and previous policies under Bima Nivesh 2000) subject to the following conditions.
- (A) Term Assurance Option is not taken
- (B) Occupational extra as per rating schedule of LIC does not exceed 4% sum assured.
- (C) Answers to the Questions in the proposal form 300(BN) numbered 5(a)(i) and (ii) 8,9,10 (i) and (ii) are all the negative and answer to Question 7 is "Yes".
- In such cases, proposal form 300 (BN) 2001 only needs to be completed.
- In all other cases, normal underwriting rules of the Corporation will apply and proposal form No. 300 amended only needs to be completed.
- (2) This form has to be filled in by the proposer in his/her own handwriting. If he/she can not write in the language of this form or he/she is illiterate, the proposal form can be filled in by the Agent/Third party as per normal rules.

1. a) Name in full (IN BLOCK LETTERS) :
Mr./Mrs./Miss
- b) Short Name
- c) Address for correspondence
- d) Nationality
- e) Are you resident in India
- f) Father's Name in full

2. (a) Table/Term (b) Sum Assured (c) If policy is to be dated back indicate date
- (d) Amount of Deposit (e) BOC No. & Date (f) Age (nearer birthday)
- (g) Date of Birth (h) Age Proof (i) Sum Assured under all pervious Bima Nivesh/ 2001 plans

3. A) Nominee under Section 39 of the Insurance Act. 1938, to whom policy money will be payable in the event of death:

Nominee's full name (IN BLOCK LETTERS) :

Age..... Relation to yourself.....

Full Address

.....

.....

(B) Appointee's name with signature to whom the policy money is payable in the event of the claim arising during the minority of the nominee.

Full name of the, appointee (IN BLOCK LETTERS) :.....

Full Address:

Signature of the Appointee

Relationship to the Nominee

Age of Appointee.....

4. a) Present Occupation

b) Nature of duties.....

a) Has a proposal on your life or an application For revival of a policy on your life made to this or any other Office of the Corporation ever been

(i) Declined: Yes/No:.....

(ii) Accepted with extra; if yes, state the highest :.....

extra imposed (excluding age extra)

b) Is any proposal/application for revival pending with :.....

any office of the Corporation, It so give the details.

6. Your exact Height without shoes (in cms) :.....

Your exact Weight (In Kgs) :

Answer "Yes" or "No"

7. Are you at present in good health?

8. Have you ever been admitted to a hospital/Nursing Home for taking treatment for a week or more during the last 5 years ? :

9. Have you any physical deformity ? If yes, total surr. Assured in force under all previous policies taken during last five calendar years including current year. :

10. To be answered by female proposer only :

If you are married.

i) Are you pregnant now? :.....

ii) Have you had any pregnancy related problems at any time? :.....

11. Whether the terms & conditions of the proposed plan has been explained to you by the agent? Yes/No

DECLARATION BY THE PROPOSER

I.....Do hereby declare, that the foregoing statements and answers have been given by me after fully understanding questions and the same are true, and complete in every particular. I agree that if any untrue averment be contained therein the said contract shall be absolutely null and void and all monies which have been paid in respect thereof shall stand forfeited in part or full to the Corporation.

Dated at.....on the.....day.....200

Signature of witness.....

Name of witness

Occupation.....

Address.....

Signature or thumbimpression of the person whose life is proposed to be assured.

If the answers to the questions in this form are given in vernacular and the proposer signs in vernacular then the proposer should declare in his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully and properly understanding the same.

OR

In case the Proposer is illiterate, the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him/her.

I hereby declare that I have fully explained the above questions to the Proposer in.....(language) and I have truthfully recorded the answers and explained to the proposer the answers to the questions dictated by the Proposer and that the Proposer has affixed his/her thumb impression to the proposal form after duly understanding the contents thereof.

Address of the Declarant

.....

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(Signature of the Declarant)