

QUESTIONNAIRE FOR FOREIGN NATIONALS EMPLOYED IN INDIA

TO BE COMPLETED BY FOREIGN NATIONALS EMPLOYED IN INDIA		
Name of the Life Insured Application Number Place of Birth:		
PASSPORT DETAILS		
1) Passport Number:		
A/C Number: Name of the Bank: Address of the branch: Name, address and telephone number of your family physician in the country of your current residence:		
I declare that the answers I have given above are, to the best of my knowledge, true and complete, and form a part of the original proposal form. I am also aware that claims of any nature arising under the policy will be settled in Indian currency in India only. However, if the claim amount is desired to		
be paid in foreign currency, the permission of the Reserve Bank of India would be necessary which would be as per the present Exchange Control Regulations of India. Date: Place:		
		Signature of the Life Assured
VERNACULAR DECLARA	TION	
I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her. Name of the Declarant:		
Place:	Date:	Signature of the Life Insured