Life insurance Corporation of India Divisional Office Delhi Division II

Annexure: 4

| QUESTIONNAIRE TO BE COMPLETED BY NON RESIDENT INDIAN Branch code: No. Particulars Proposal No.: | | | | |
|---|----------|---|--------------|--|
| 1 | | Yours nationality | 1 Toposai No | |
| 2 | 2 | Your country of permanent residence | | |
| _ | a. b. | Date from which you became a permanent resident of country | | |
| | D. | mentioned in (a) above | | |
| 3 | a. | Date of leaving india for the first time | | |
| | b. | Details of exchange facility availed of | | |
| | C. | Full particulars of reserve bank permit number | | |
| | d. | Visa status, if any | | |
| | e. | Name of office of reserve bank which granted the above | | |
| | | facilities | | |
| 4 | | Duration of your stay abroad | | |
| 5 | a. | Purpose of your stay abroad | | |
| | b. | Are you gainfully employed abroad? | | |
| | c. | Your monthly income from employment in the foreign | | |
| | | country(including scholarships assistantship etc for students or | | |
| | | trainees).Please enclose true copies of the appointment letter | | |
| | | received from your employer or educational institutes | | |
| 6 | a. | Passport Number | | |
| | b. | Date of issue | | |
| | C. | Place of issue | | |
| 7 | d. | Date of birth | | |
| 7 | | Whether you hold any account in india and if so, whether it is | | |
| | | a resident account or a non-resident account furnish full | | |
| 0 | | details thereof The source from which premiums will be paid: Please indicate | | |
| 8 | | by which of the following manner you propose to remit the | | |
| | | premiums to LIC of India: By direct remittance from the country of your residence to India | | |
| | a. | through banking channels (preferably by rupee draft in favour of | | |
| | | LIC) or by remittance through postal channels like foreign orders | | |
| | h | By cheques drawn on your non resident (external) or foreign | | |
| | b. | currency (NRI) account with bank in india | | |
| | C. | By cheques drawn on your resident/non resident account with bank | | |
| | d. | in India By cheques drawn on account maintained by resident parent or | | |
| | <u> </u> | spouse of the policy holder in their name or joint names with other close relative | | |
| | e. | By any other manner (please specify) | | |
| 9 | | Your full address in the country of your residence | | |
| | | abroad | | |
| | | abioau | | |
| | | | | |

| 10 | State full name and address of an Indian National | |
|----|--|--|
| | permanently residing in India to whom the policy may be | |
| | despatched. | |
| 11 | Date of your leaving India / Date you left India (current visit) | |
| 12 | If you are a student state the nature and full details of your | |
| | studies | |
| | | |

I hereby declare that the foregoing statements and answers are true in every respect and I am agreeable for treating this as 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. I have taken note of the restrictions applicable as given in the enclosed annexure.

| Dated atthisday of200 |) . |
|-----------------------|-------------------------------------|
| Witness: | |
| Signature: | |
| Name: | Signature of the life to be Assured |
| Address: | |
| Designation: | |

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