



RASTRIYA BEEMA SANSTHAN

PROPOSAL FOR JOINT LIFE ASSURANCE

	Husband	Wife
1. a) Full name in Nepali b) First name in ENGLISH BLOCK LETTERS c) Home address d) Male / Female e) Exact nature of occupation f) If not self-employed, name & address of employer g) Whether married or single h) Nationality i) Educational qualification j) Date of birth and age next birthday k) What proof of age can you provide	a) a) a) a) a) a) a) a) a) a) a)	b) b) b) b) b) b) b) b) b) b) b)
2. a) Type of life assurance plan proposed b) With or without bonuses from participation in profits c) Duration of assurance or of payment of premiums d) How often will premiums be payable e) Sum assured f) Premium	With/without profits Yearly/Half-Yearly/Quarterly a) Rs. b) Rs. a) Rs. b) Rs.	
3. a) What payment have you made with this proposal b) To whom	Name of nominee is full in BLOCK LETTERS	
4. Who do you nominate as the person to whom the sum payable under this policy will go if you die whilst the policy is in force? (You can change your nomination letter if you wish). If you do not nominate some one or if your nominee is not alive at your death, the sum payable will go to your dependants as set out in section 38 of the Insurance Act, 2049	Nominee's home address Relation of nominee to person whose life is to be assured If you answer YES Please give details a) b)	
5. Do you intend or expect a) to become a member of any military or naval service? b) to fly other than as a fare paying passenger on a regular route of recognized aviation service? c) To engage in any hazardous occupation or pursuit? d) to live outside Nepal?	a) b) a) b) a) b) a) b)	
6. a) Has a proposal for life assurance on your life ever been made to any insurance company? b) If yes, state the name of the insurance company, the date of the proposal and whether the proposal was accepted at normal terms or at special terms, or was postponed or declined	a) Insurance Company Date Result of proposal a) b)	
7. a) Are you now in good health and free from the effects of any previous illness or injury? If not please give details. b) Name and address of the doctor who usually gives you medical treatment. c) When and from whom have you required medical advice during the last five years, and what was the nature of the illness or injury?	a) b) a) b) a) b) a) b)	
8. For female proposer: Are you pregnant? If so give details:		
9. The policy will be valid after issuing first premium receipt		
Remarks:		

DECLARATION

I declare that the answer to the above questions are true and complete and that I have not withheld or concealed any circumstance on which information is required to assess the risk of an assurance on my life.

I agree that this proposal and declaration together with the answer in my separate personal medical statement shall be the basis of the contract between me and Rastriya Beema Sansthan. I agree to accept the usual form of life assurance of Rastriya Beema Sansthan.

I consent to Rastriya Beema Sansthan seeking medical information from any doctor who at any time has attended me or seeking information from any insurance company to which I have any time made a proposal for life assurance. I authorize the giving of such information and I waive all provisions of law or custom forbidding the disclosure of any such information.

Signature of person
whose life is to be assured
Date:

Name of Agent:
Code No.

Signature of life assured:
Date: