

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 | |
| 2 | a. b. | Your country of permanent residence Date from which you became a permanent resident of country mentioned in (a) above | |
| 3 | a. b. c. d. e. | Date of leaving india for the first time Details of exchange facility availed of Full particulars of reserve bank permit number Visa status, if any Name of office of reserve bank which granted the above facilities | |
| 4 | | Duration of your stay abroad | |
| 5 | a. b. c. | Purpose of your stay abroad Are you gainfully employed abroad? 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. b. c. d. | Passport Number Date of issue Place of issue 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 details thereof | |
| 8 | a. b. c. d. e. | The source from which premiums will be paid: Please indicate 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 through banking channels (preferably by rupee draft in favour of LIC) or by remittance through postal channels like foreign orders By cheques drawn on your non resident (external) or foreign currency (NRI) account with bank in india By cheques drawn on your resident/non resident account with bank in India By cheques drawn on account maintained by resident parent or spouse of the policy holder in their name or joint names with other close relative By any other manner (please specify) | |
| 9 | | Your full address in the country of your residence abroad | |
| | | | |

| | | | |
|-----------|--|---|--|
| | | | |
| 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:.....

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.