

POLICY EXTRACT FROM PREVIOUS / PROPOSAL PAPERS

(If the proposal was decided by Divisional Office / Zonal Office / Central Office – Please mention the Proposal Number also)

Division				Branch						
Policy No					Proposal Number					
NAME					FATHERS NAME					
OCCUPATION			Sum Assured		Date of Commencemen		t	Plan & Term		
AGE:			DOB:		Whether Age Admitted					
Proof of Age					Nature of Age proof submitted in Prev. Policy					
Other Assurances mentioned in the Proposal										
Branch			Pol. / Ppl. No.		Sum Assured Year			Accepted		
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Medical Examiner					Date of Examination					
Qualification & Limit					Place of Examination					
Height			Pulse B.P. Systolic B.P. Diastolic		Special Reports received if any.		Other particulars, if adverse			
Chest on Expiration					Abdomen					
			IF I I	IF LIVING		IF DEAD				
Family History			Age	State of Health		Age at Death			Cause of Death	
Father										
Mother										
Brothers Living No Dead No										
Sisters Living No Dead No										
Wife / Husband										
Children										
Living No										
Dead No										
a. How Proposal was dealt with:					c. Whether the policy was Revived? If so,					
b. Decision by CUS / ZUS / DO / BORef. No. If available:Date of Decision:					i) Sum Revived ii) Revival Decision iii) Decision by CUS/ZUS/DO/BO iv) Date of Revival					

Certified Extract

Sr. Branch Manager