

## Armed Forces Supplementary Statement

**INSTRUCTIONS FOR FILLING UP THE FORM:-**

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in black or blue ink.
2. Please tick a box thus  where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

(This statement should be completed by the person to be assured.)

Application Number:

Date:

Proposal Number:

Life Assured's Name:

Proposer

Date of Birth : \_\_\_\_\_

Please answer each question and where appropriate provide particulars.

1. In what branch of armed forces are you serving?

- Army
- Airforce
- Navy
- Others (please specify) :- \_\_\_\_\_  
(Like paramilitary etc.)

2. What is your Rank? :- \_\_\_\_\_

3. What is your Job Trend?

- Technical
- Non-Technical
- Others (please specify) :- \_\_\_\_\_

4. Describe Exact Nature of Duties?

- A :- \_\_\_\_\_
- B :- \_\_\_\_\_
- C :- \_\_\_\_\_
- D :- \_\_\_\_\_

5. Earlier posting details:

Name of Area :- \_\_\_\_\_  
 City :- \_\_\_\_\_  
 State :- \_\_\_\_\_  
 Duration of Stay (in years) :- \_\_\_\_\_

6. Current posting details:

Name of Area :- \_\_\_\_\_  
 City :- \_\_\_\_\_  
 State :- \_\_\_\_\_  
 Duration of Stay (in years) :- \_\_\_\_\_

7. a) Are you currently serving or under orders to be posted in a crisis region? :-

Yes / No

b) If 'Yes', please specify:

Name of Area :- \_\_\_\_\_  
City :- \_\_\_\_\_  
State :- \_\_\_\_\_  
Duration of Stay (in years) :- \_\_\_\_\_

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated \_\_\_\_\_ shall form part of the contract between me and the company.

Place :- \_\_\_\_\_

Date :- \_\_\_\_\_

Signature of Life Assured

**Witness Particulars:**

Name of Witness :- \_\_\_\_\_

Address :- \_\_\_\_\_

Contact No. :- \_\_\_\_\_

Place :- \_\_\_\_\_

Date :- \_\_\_\_\_

Signature of Witness