

Minor Life 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.

Application Number: Date:

Proposal Number:

Life Assured's Name:

Proposer:

Name of Minor : _____

Date of Birth : _____ Place of Birth: _____

If Student

Name of Institution : _____

Current Education Level : _____

Income if any (Source) : _____

Purpose of Cover : Investment / Saving / Education / marriage / Other(Pl. specify)_____

Please state the name of concurrent application on other sibling : _____

Father's Details

Father Name : _____

Date of Birth : _____ Place of Birth: _____

Education Qualification : _____

Occupation : _____ Nature of Duties: _____

Annual Income : _____

Total Amount of Insurance : _____

Sr.No	Name of the Insurer	Sum Assured	Premium
1)			
2)			
3)			
4)			
5)			

Mother's Details

Mother Name : _____

Date of Birth : _____ Place of Birth: _____

Education Qualification : _____

Occupation : _____ Nature of Duties: _____

Annual Income : _____

Total Amount of Insurance :

Sr. No	Name of the Insurer	Sum Assured	Premium
1)			
2)			
3)			
4)			
5)			

Total Amount of Insurance on Siblings:

Name of Child	Date of Birth	Health History	Total Amount of Insurance	Total Regular Premium	Name of Premium Payer

Is the insurance cover on all children equitable? :- Yes / No

If 'No', then specify reason for unequal coverage :- _____

If 'No' then specify approximate date of equal coverage :- _____

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 Proposer

Declaration of good health for a minor child up to age 5

I hereby declare that the child's health, vision, speech and movements are normal and that no congenital defect exists.

Place :- _____

Date :- _____

Signature of Life Assured

Witness Particulars:

Name of Witness :- _____

Address :- _____

Contact No. :- _____

Place :- _____

Date :- _____

Signature of Witness