



Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

www.bharti-axalife.com Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

FINANCIAL QUESTIONNAIRE - BY LIFE TO BE INSURED

1. Proposal number _____
 Date of proposal _____
 Full name of life to be insured: _____

2. Please give details of occupation and state whether you are employed, self-employed, a shareholder, director or in a partnership:

3. Insurance Cover details:

Total Insurance	Insurance proposed.	Total of previous insurance with the company and any other insurance company.
	Rs.	Rs.

4. Net income is as under:

Income Heads	Income in Rs.
(a) Income from Business/ Profession.	
(b) Rental Income.	
(c) Income from Investments	
(d) Income from Agriculture	
(e) Income from Other Sources (Please specify)	

5. Asset and Liability

ASSETS	Rs.	LIABILITIES	Rs.
1. House/flat		1. Home Loan	
2. Land / Property in own name (Provide location details)		2. Personal Loans (Car Loan, etc.)	
3. Other assets - Car/s		3. Lien on an asset / property	
4. Other assets		4. Signed as surety / guarantor	
		5. Other Liabilities	
TOTAL			

Please attach a list detailing personal and business assets at market value, together with copies of valuation certificates, if available.

6. Business details:

Name of company / partnership _____
 Nature of business _____
 When was the business established? _____
 Number of employees _____
 What percentage of the company's share capital does the life/lives to be insured own? -----%

Please attach a structure chart showing all companies, partnerships or entities involved in the group, the ownership of each, and how they are related.

7. Please give details of the turnover, gross profit and net profit before tax for the last three years and projected figures for the next financial year

Year	Turnover	Gross Profit	Net profit before tax

Please forward copies of the last three years' audited financial accounts.

Where information is unavailable due to recent formation of the Company, please forward a copy of the current business plan including projections.

8. Please give details of your dependants including their ages:

9. Is the life insured or the proposed policyholder currently bankrupt or a director of a company in receivership or have they been so in the past? Yes No

If YES, please give details _____

I/We declare that the statements made are true and complete to the best of my/our knowledge and belief and that I/we have not withheld any material information that may influence the assessment or acceptance of this proposal. Incorrect information or failure to disclose any material fact may invalidate the contract.

I/We agree to inform the Company in writing of any change in my/our circumstances between the date of this proposal and the issue of the policy bond. I/We understand that cover will not commence until the first premium has been received and the policy bond or acceptance letter has been issued.

Signature of the life to be insured:

Signature of proposer:

Date _____

Place _____