



6. Are you aware of anything in the occupation, financial or social position of the life proposed, his/her personal habits or any other circumstances which might be likely to add to the risk ?

7. Have you explained fully the terms & conditions of the Plan to the proposer ?

**8. Under Non-Medical cases only, give**

- a) Marks of Identification
- i. \_\_\_\_\_
  - ii. \_\_\_\_\_

b) Exact Physical Measurements :

Height	Weight	Girth of Abdomen at Navel Level	Girth of Chest at Nipple Level On Expiration	Girth of Chest at Nipple Level On Inspiration
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Cm.	Kg.	Cm.	Cm.	Cm.

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.  
 Dated at ..... on the ..... day of ..... 200 .....

Agent's Address with  
Phone No.

Signature of the Agent .....

(To be completed by the Dev. Officer)

I am satisfied with the identify of the proposer and, on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at .....  
on the .....  
day of ..... 200 .....

Name & Designation  
Standing (No. of years) .....

Signature.....

(To be completed by ABM(s) / BM / Sr. B.M.)

I am satisfied with the identify of the proposer and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at .....  
on the .....  
day of ..... 200 .....

Name & Designation .....

Signature.....