

NRI QUESTIONNAIRE

Proposal Form No:

1. Full Name Date of Birth:

2. Nationality

3. Country of permanent residence

4. Date from which you became a permanent resident of country mentioned in (3)

5. Country of current residence (abroad) along with address

6. Date from which you became a permanent resident of country mentioned in (5)

7. Date of leaving India for the first time

8. Visa Status (if any)

9. Duration of stay abroad

10. Purpose of stay abroad

11. Are you gainfully employed abroad?

12. Your monthly income from employment (Scholarship/Assistantship for students or trainees) in the foreign country
Please enclose original copies of the appointment letter, salary slip & IT returns, including confirmation of Scholarship/Assistantship

13. Passport No. Date of issue: Place of issue:

Attach a self-attested copy of your passport showing your name, date of birth & address, along with a self-attested copy of the Visa stamping page of the passport, showing entry/exit/time period of stay in India.

14. Account number from which premium will be paid

15. Owner of account/if not self & relationship with owner

Type of account: Resident account NRO NRE FCNR Bank Transfer/Draft

16. Repatriation benefit required?
(Only if type of account is NRE/FCNR)

17. Name & Address of a local person to whom the policy documents, premium notice etc. can be delivered

Name :

Address:

I declare that the answers I have given are to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment of acceptance of this proposal.

I fully understand that all the remittances under this proposal/policy shall be in Indian Rupee Currency and that currency fluctuation risks, if any, accruing thereunder, shall be borne by me and that this proposal for insurance is subject to the jurisdiction of India and the laws prevailing in India.

I agree that this form will constitute part of my proposal for life insurance and that failure to disclose any material fact known to me may invalidate the contract between the Company and me.

Signature of the person to be insured

Date

Signature of Witness

Name & Address of Witness

For more information, get in touch with us at customerservices@avivaindia.com or call us at 1800-180-22-66 (Toll Free)

Aviva Life Insurance Company India Limited: Head Office: Aviva Tower, Sector Road, Opposite DLF Golf Course, DLF Phase V, Sector 43, Gurgaon-122003. Tel: +91 (0) 1242709046; Fax: +91 (0) 1242571210

UW /Non-Med Q/Ver 1.0/18th February 2012