

Proposal Form No.

POLICE OR PARAMILITARY AND ARMED FORCES QUESTIONNAIRE

The statement should be completed by the person to be insured:

Full Name Date of Birth

1. Which Branch of Police/Para Military or Armed forces are you serving?

2. What is your rank?

3. Current place of posting (Please give details)

4. What are your present duties?

Please indicate if you are involved or likely to be involved in any of the following activities mentioned below.

- | | | |
|---|-----|----|
| (a) Weapons Handling | Yes | No |
| (b) Explosives (Bomb Disposal) | Yes | No |
| (c) Underwater Diving | Yes | No |
| (d) Aviation | Yes | No |
| (e) Paratrooper | Yes | No |
| (f) Special services | Yes | No |
| (g) Overseas peace keeping mission (UN mission) | Yes | No |
| (h) Others | Yes | No |

If you have answered yes to any of the above questions, please provide full details.

5. Are you likely to be posted in any of the troubled areas like J&K, Assam etc? If yes, please furnish the necessary details.

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 or acceptance of the proposal.

I agree 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 me and Company.

 Signature of the life to be insured

 Date

 Signature of witness

 Name and Address of Witness

Joint Venture between Dabur and Aviva