

Proposal Form No.



TRAVEL AND RESIDENCE QUESTIONNAIRE

This questionnaire should be completed by the person to be insured.

Full Name

Date of Birth

1. Please provide details of travel abroad in past 5 years :

Country	Reason/ Purpose	Frequency per year	Total Duration of stay (in weeks)

2. Please provide details of proposed travel within the next one year :

Country	Reason/ Purpose	Frequency per year	Total Duration of stay (in weeks)

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 this proposal.

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

Signature of the person to be insured

Date

Signature of Witness

Name & Address of Witness

A Joint Venture between Dabur and Aviva