PERSONAL FINANCIAL QUESTIONNAIRE

1. Full Name of the Life to be insured :			
2. Please give details of occupation and a shareholding director or in a part			ed, self-employed,
3. Please give details of your personal ea	arning for the	past 3 years	
Particulars	Year	Year	Year
Salary(including bonuses) or package			
Income from House Property			
Income from Business			
Income/Commission from Profession			
Share of Profit from Partnership Firms			
Dividends			
Interest from Tax Free Bonds			
Income from Export Firms			
Agricultural Income			
Other Income(Please give details)			
TOTAL			
Q. Nos. 4 & 5 for Self-Employed Perso	ns only		
4. Business Details :			
Name of Company/Partnership			
Nature of Business			
When was the business established			
Number of employees			
What percentage of the company's sh		does the life to	be insured own

5. Please give details of the turnover, gross profit and net profit before tax for the last 3 years, and projected figures for the next financial year :

Year	Turnover	Gross Profit	Net Profit before Tax
Projected figures for next Financial year			

If a gross or net loss has been reported in these figures, please forward copies of the last 2 years accounts and an explanation of why the loss occurred.

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

6. Please estimate the value of your assents and liabilities :

Assets	Rupees	Liabilities	Rupees
House/Apartment		Outstanding personal loans	
Land/Real Estate		Mortgages on property	
Bank Deposits(Fixed)		Other liabilities(Please	
Bank Deposits(Savings)		Give details	
Shares, Bonds(including RBI			
and Other Tax Free Bonds)			
Mutual Funds			
Post Office Savings (NSC,			
,Indira/Kisan Vikas Patra,etc.)			
Vehicles			
Other(Please give details)			

Declaration:

I do hereby declare that the above statements are true and complete and	agree t	hat th	າis
Personal Financial Questionnaire together with proposal dated	shall for	orm th	ne
basis of the contract between myself and the Corporation.			

Signature of life to be insured

Signature of the Official filling in Special MHR.