

## INDEX

<b>N.R.I QUESTIONNAIRE</b>	<b>3</b>
<b>KEYMAN QUESTIONNAIRE WITH ANNEXURES</b>	<b>5</b>
<b>EMPLOYER-EMPLOYEE SCHEME QUESTIONNAIRE</b>	<b>11</b>
<b>PERSONAL FINANCIAL QUESTIONNAIRE</b>	<b>12</b>
<b>GENERAL OCCUPATION QUESTIONNAIRE</b>	<b>14</b>
<b>ARMY PERSONNEL QUESTIONNAIRE</b>	<b>17</b>
<b>AVIATION (ARMED SERVICES) QUESTIONNAIRE</b>	<b>20</b>
<b>AVIATION (CIVIL) QUESTIONNAIRE</b>	<b>23</b>
<b>CIVIL GLIDING QUESTIONNAIRE</b>	<b>26</b>
<b>NAVY PERSONNEL QUESTIONNAIRE</b>	<b>28</b>
<b>DIVING (ARMED SERVICES AND COMMERCIAL) QUESTIONNAIRE</b>	<b>30</b>
<b>MERCHANT MARINE QUESTIONNAIRE</b>	<b>33</b>
<b>SUPPLEMENTARY DEED OF PARTNERSHIP</b>	<b>35</b>
<b>CERTIFICATE OF AGRICULTURAL INCOME</b>	<b>36</b>
<b>CHARTERED ACCOUNTANT'S CERTIFICATE</b>	<b>37</b>



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**QUESTIONNAIRE TO BE COMPLETED BY NON-RESIDENT INDIAN**

Proposal No. \_\_\_\_\_

Name of the Life to be Assured \_\_\_\_\_  
(In Block Letters)

Sr.No.		Particulars	
1.		Yours Nationality	
2.	a.	Your country of permanent residence	
	b.	Date from which you became a permanent resident of country mentioned in (a) above	
3.	a.	Date of leaving India for the first time	
	b.	Details of exchange facility availed of	
	c.	Full particulars of reserve Bank Permit Number	
	d.	Visa status, if any	
	e.	Name of office of the Reserve Bank which granted the above facilities	
4.		Duration of yours stay abroad	
5.	a.	Purpose of your stay abroad?	
	b.	Are you gainfully employed abroad?	
	c.	Your monthly income from employment in the foreign country (including scholarship, assistantship etc. for students or trainees).	
		Please enclose true copies of the appointment letter received from your employer or educational institutes.	
6.	a.	Passport Number	
	b.	Date of issue	
	c.	Place of issue	
	d.	Date of birth	
7.		Whether you hold any Bank account in India and if so, whether it is a Resident Account or Non-resident account, Furnish full details there of	
8.		The source from which the premium will be paid	
9.		Please indicate by which one of the following	

		manner you propose to remit the premium to LIC of India	
	a.	By direct remittance from the country of your residence to India through banking channels (preferably by Rupee Draft in favour of LIC) or by remittance through postal channels like foreign orders.	
	b.	By cheques drawn on your Resident (external) or foreign currency (non-Resident) Account with bank in India.	
	c.	By cheques drawn on your Resident / Non-resident Account with Bank In India.	
	d.	By cheques drawn on account maintained by resident parent or spouse of the policyholder in their name or joint name with other close relatives.	
	e.	By any other manner (Please specify)	
10.		Your full address in the country of your residence abroad	
11.		State full name and address of an Indian National permanently residing in India to whom the policy may be dispatched	
12.		Date of your leaving India / Date you left India (current visit)	
13.		If you are a student state the nature and full details of your studies	

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every respect and agreeable for treating this as a part of the original proposal form. I am also aware that claims of any nature arising under the policy will be settled in Indian currency in India only. I have taken note of the restrictions applicable as given in the enclosed annexure.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200

\_\_\_\_\_  
Signature of the life to be assured

Witness  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature \_\_\_\_\_

(REVISED-1999)



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**ANNEXURE 'B'**

Name of Division :.....

Proposal No. :.....

**KEYMAN QUESTIONNAIRE**

---

1. Name of the Employer Company

---

2. Detailed nature of business / activities of the company

---

3. a) Name of the keyman  
b) His date of birth

---

4. a) Status/occupation of keyman  
b) Give full detailed of the keyman's duties

---

5. His academic and professional Qualification  
  
What special knowledge/expertise does keyman Possess or why the company is so dependent on him.

---

6. What basis had been used to arrive at the sum proposed?

---

7. State employer's turnover and gross & the last 3 years. year \_\_\_\_\_

(G.P.=N.P.+TAX+DEPRECIATION)  
[ Replies such as "as per balance sheet and p & I A/c enclosed" not acceptable. Summary must be given here.]

TURNOVER  
G.profit  
Net. Profits

8. What are the realistic immediate &

Future prospects of the keyman?

9.	Give details of the keyman's Salary (including commission Payment/profit sharing etc.) Bonus, earned by him during Last 3 years/	year _____ salary : value of perks	
			If any :
<hr/>			
10.	If the keyman or member of his family, is a shareholder what is the holding in relation of the total issued capital?	No.of shares held .....	% to the total shares issued .....
	Keyman : Spouse : Minor Children : Total : _____		
<hr/>			
1.	What are the details of the keyman's service Agreement? Attach copy of the agreement also.		
<hr/>			
2.	Has the board authorised the purchase of policy? If also, attach the original copy of board resolution.		
<hr/>			
3.	What is the normal retirement date of the keyman?		
<hr/>			
14.	a) Does the company already hold any keyman policies?	Name of keyman _____	Pol. No. _____ DOC _____ SA. _____ whether inforce _____
	b) Has the company simultaneously KMI on the lives of any other key Personnel? If so, give details		
	c) Does company intend to effect keyman insurance policies on the lives of any other key personnel? if so give details		
<hr/>			
15.	Whether the above employee is also considered as keyman in any other company?		

if so, give details thereof

---

16. What permanent health or other sickness insurance  
Arrangements have been / will be made for the keyman

---

17. If the company is an unquoted public Limited  
Company or a private Limited company,  
Give following details.

- i) Total No. of share holders
  - ii) Total No. of employees
- 

Place  
Date

Signature of Official authorised  
in Board Resolution & his seal

**ANNEXURE -C**

The Sr. Divisional Manager,  
**LIC Of India,**  
Divisional office, Mumbai

Dear sir,

Re : Proposal for Rs. ....  
On the life of Shri / Smt.....

With reference to the above proposal submitted by me I have to inform you as follows with regard to my income, insurance particular etc.

1. My P.A. No. for income tax is .....
2. My yearly income from all sources before tax is as particularised below
  - i) Salary Rs.
  - ii) Dividends Rs.
  - lii) Director fees Rs.
  - iv) Int. on loans Rs.
  - V) share on retained profits Rs.
  - vi) Net income from property Rs.
  - vii) Agricultural income Rs.
  - viii) Any other income (specify) Rs.
3. The total insurance on my life in force ..... is the extent of Rs.....
4. Total amount of insurance premium per year for the above insurance is Rs.....

I give below information about the income, total insurance In force, total premium amount per year for my family members.

	Yearly Income From all sources	Total Insurance	premium per year	(Before tax)
i) Father				
ii) Mother				
iii) Wife				
iv) Son				
v) Daughters				

Thanking you,

Yours faithfully

( )

.....  
**Annexure-D**

Special Endorsement to be placed on the policy :

“It is hereby agreed and declared that in the event of the employee of assured leaving the employment of the employer, the within mentioned policy shall be ;

- i) Either surrendered to corporation for its cash value or
- ii) Assigned absolutely in favour of the employee life assured.

It is further agreed and declared that the within mentioned policy shall not be allowed to be assigned to any one except the life assured himself/ absolutely.”

SR./BR.MANAGER



**ANNEXURE "A"**

Draft of Resolution to be passed by company Board for KMI

Copy of the resolution passed in the meeting of the Board of Directors  
of \_\_\_\_\_ Ltd. Held on \_\_\_\_\_

Resolved that the company do take key Man Insurance cover in the  
year \_\_\_\_\_ in respect of Shri/Smt./Kum \_\_\_\_\_  
(Designation) of this company for Rs. \_\_\_\_\_ with all profits, bonuses and  
other benefits on the said policy to accrue to the company. This policy shall be taken  
from the Life Insurance Corporation of India for a term of \_\_\_\_\_ years, the  
premiums of which will be paid by the company to safeguard the company from probable  
losses in the event of his/her demise/exit from the company.

Further resolved that Shri/Smt./Kum. \_\_\_\_\_ (Designation)  
of the company be and is authorized to negotiate the terms and conditions with Life  
Insurance Corporation of India in this behalf and sign all the papers and documents,  
including proposal papers, required by LIC in this behalf.

Certified true copy

For M/s. \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Date :  
Place:

Seal of the company

### EMPLOYER - EMPLOYEE SCHEME QUESTIONNAIRE

1. Name of the Employer	
2. What is the object of the insurance contract	
3. How many employees are working in your unit	
4. a)Name of the employee being covered b)His designation / occupation c)Nature of duties assigned d)His annual income	
5. Who will be person authorised by the employer to sign the proposal on behalf of the employer	
6. Do you wish to impose any restriction/conditions in respect of surrender, loans etc. by the employee after you assign the policy in favour of the employee.	
7. Are you agreeable to abide by the conditions of India acceptance, which shall rest solely with the LIC of India?	
<p>I agree that I will assign the policy in favour of the above employee and the declarations made by me will form <b>a part of the insurance contract being entered</b> into in respect of the employee of mine.</p>	

Place :

Date

Signature and seal of the employer/  
Authorised representative with designation

## PERSONAL FINANCIAL QUESTIONNAIRE

1. Full name of the life to be insured : \_\_\_\_\_
2. Please give details of occupation and state whether you are employed, a shareholding director or in a partnership  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Please give details of your personal earning 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 or profit from partnership firms			
Dividends			
Interest from tax free bonds			
Income from export firms			
Agriculture income			
Other income (please give details)			
<b>Total</b>			

**4. Q.Nos. 4 & 5 For self-employed person only**

Business details:

Names of company partnership \_\_\_\_\_

Nature of business \_\_\_\_\_

When was the business established \_\_\_\_\_

Number of employees \_\_\_\_\_

What percentage of the company's share capital 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 the next financial year			
---	--	--	--

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

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

6. Please estimate the value of year assets and liabilities :

<b>Assets</b>	<b>Rupees</b>	<b>Liabilities</b>	<b>Rupees</b>
House / Apartment		Outstanding personal loans	
Land / Real estate		Mortgages on property	
Bank deposits (fixed)		Other liabilities (please give details)	
Bank deposits (saving)			
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 statement are true and complete and agree that this personal financial Questionnaire together with proposal dated \_\_\_\_\_ shall form the basis of the contract between myself and the Corporation.

**Signature of life to be insured.**

**Signature of the official filling in special MHR**



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**GENERAL OCCUPATION QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the Life to be Assured \_\_\_\_\_  
(IN BLOCK LETTERS)

Please state : a. Full name of the employer (Please do not use abbreviation) b. Department in which you work c. Your designation or occupation d. Full details of the nature of the your duties. e. If you are supervisor, nature or work done under your supervision	
Please answer ticked item Nos below :	
<u>1. Construction workers</u> a. Are you engaged in scaffolder/steel erector activity b. Are you a painter-exterior	
<u>2. Drivers</u> a. Do you drive public carriers (goods/passenger vehicle) b. Do you hold national driving permit?	
<u>3. Manufacturing</u> a. Acids Are you a lead burner working in vats or chambers? b. Explosive & Ammunition Are you employed in salvage and reconditioning department	
<u>4. Tunnelling</u> a. Are you air compressor operator, civil engineer, Engineering geologist, structural engineer? b. Are you dumper shovel driver / foreman (above ground)/ Mechanical shovel driver / winch driver? c. Are you conveyor operator / foreman (below ground)/manhole maker/power loader operator	

<p>/ roof bolter / timber man?</p> <p>d. Are you Borer/ Driller/ Tunnel miner (no explosives). Tunneller (no explosives) ?</p> <p>e. Are you shotfirer/Tunnel miner (using explosives)/Tunnel miner's labourer/Tunneller (using explosives) ?</p>	
<p><u>5.Mining Industry</u></p> <p>a. The type of mine</p> <p>b. Whether you work underground and the average number of hours spent underground per week?</p> <p>c. Are you an underground rescue worker?</p> <p>d. Are you a short firer in colliery?</p>	
<p>6. <u>Motor cycle sport – Circuit racing</u></p> <p>a. Do you take part in motor cycle circuit racing – (closed, restricted or national events)</p> <p>b. What is the engine capacity of the motorcycle?</p> <p>c. Number of events per annum</p> <p>d. Do you take part in international events?</p>	
<p><u>7.Oil &amp; Natural Gas Industry</u></p> <p>a. Are you based offshore or do you expect to be based offshore in future?</p> <p>b. Do your duties involve underwater work?</p> <p>c. Do your duties involve working at heights?</p> <p>d. Do your ever travel to and from rigs by helicopter?</p> <p>e. Can your occupation be described as : Drilling assistant, Fire fighter, Connection mechanic, Crane operator, Top man, Rigman derrickman, Roughneck, Roustabout (not handling explosives)?</p>	
<p><u>8.Sewers &amp; sewage Disposals</u></p> <p>Are you a labourer, Cleaner, Inspector of underground duties?</p>	

**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my proposal for insurance and the declaration relative there to shall form the basis to the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained there in the said contract shall be absolutely null and void and moneys which shall have been paid in respect there of shall stand forfeited to the corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the proposer is illiterate:

1. This declaration should be made by the person filling in the form :  
I hereby declare that I have fully explained the above question to the proposer & I have truthfully recorded the answer given by the proposer.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the corporation and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the proposer in \_\_\_\_\_ (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**ARMY PERSONNEL QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the Life to be Assured \_\_\_\_\_  
(In Block Letters)

1. Give particular regarding the branch of the Defence forces, Regiment, etc. to which you belong and your present rank.	
2. a. Are you, at present, engaged in	
i. Any flying duties as a pilot or member of aircrew or other duties requiring you to remain aboard an aircraft otherwise than as a passenger for the purpose of transport	
ii. Duties as a paratrooper	
iii. Duties as a glider pilot	
iv. Duties as a member of a aviation operating personnel or ground personnel	
b. Were you engaged in the past in any of the duties mentioned under (a) above, and if so, are you likely or liable to return to the same in future	
c. Have you undergone or are you now undergoing training for any of the duties mentioned under (a) above	
d. Have you, under the terms and conditions of your service, any special liability to engage in aviation, gliding, Parachuting, Bomb disposal, special services group, mine laying, etc.	
N.B.: The liability referred to herein is not general liability imposed on all defence service personnel in terms of with they can be called upon to take up any of work in any of the defence services.	
3. Are you a member of any flying or Gliding Club? If so state :	
i. Whether you are undergoing training in flying, or gliding or whether you have completed such training?	
ii. The number of flights made per annum	
N.B.: In addition to the duties to be performed by you as a member of armed services, in case your duties require you to engage yourself in any other hazardous duties such as in	



a. Manufacturing and / or reconditioning of ammunition,	
b. Construction work requiring use of explosive and / or compressed air,	
c. Welding and spray painting,	
d. Handling Electrical Equipments carrying a voltage of & over and or working at heights,	
e. Handling or remaining exposed to fumes, gas acids or other chemicals	
f. Driving trucks or lorries or,	
g. Any other hazardous occupation,	
A separate occupational Query form (Form No.LIC03-500) should also be completed in addition to completing this form.	

### DECLARATION

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my proposal for insurance and the declaration relative there to shall form the basis to the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained there in the said contract shall be absolutely null and void and moneys which shall have been paid in respect there of shall stand forfeited to the corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the proposer is illiterate:

1. This declaration should be made by the person filling in the form :

I hereby declare that I have fully explained the above question to the proposer & I have truthfully recorded the answer given by the proposer.

Address of the Declarant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the corporation and this declaration should be made by him :

I hereby declare that I have explained the contents of this form to the proposer in \_\_\_\_\_ (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents there of.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**AVIATION (ARMED SERVICES) QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the Life to be Assured \_\_\_\_\_  
(In Block Letters)

1.	State	
	i. Whether you are in Army, navy or Air force	
	ii. Branch of the service to which you belong	
	iii. Your Rank in service	
2.	If you belong to a flying branch, or unit, state in what capacity do you fly – pilot, navigator, instructor, etc.	
3.	If you are a qualified pilot, state	
	a. When and where did you learn to fly?	
	b. The date on which you qualified as a pilot?	
	c. The date on which you made first solo flight	
	d. Which aircraft do you fly	
	e. Number of hours of solo flying done during last 12 months	
	f. Number of hours of solo flying done to date	
	g. Are you under orders to fly a different type of aircraft	
4.	State whether you have ever been or have any prospect or intention of being involved in	
	a. Test flights on proto-type models	
	b. Racing for establishing flying records or aerobatics	
	c. Exhibitions or display flying	
5.	If you belong to a Ground Duties Branch or Unit, State	
	a. The nature of your duties	
	b. Whether you are required to fly in a capacity involving duties aboard an aircraft while in flight	
	c. Whether you have undergone training	

	as a pilot or other member of flying crew and if not, whether you intend to undergo such training	
6.	If answer to Question 5 (b) is "yes", state:	
a.	The number of hours flown in a capacity involving duties aboard an aircraft while in flight	
i.	During the current calendar year to date	
ii.	During the last full calendar year	
iii.	During the previous to last full calendar year	
b.	Whether you expect that the extent of flying to be done by you in future would differ from that done in the past and if so, explain how	

**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my proposal for insurance and the declaration relative there to shall form the basis to the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained there in the said contract shall be absolutely null and void and moneys which shall have been paid in respect there of shall stand forfeited to the corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the proposer is illiterate:

1. This declaration should be made by the person filling in the form :

I hereby declare that I have fully explained the above question to the proposer & I have truthfully recorded the answer given by the proposer.

Address of the declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in \_\_\_\_\_ (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**AVIATION (CIVIL) QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the Life to be Assured \_\_\_\_\_  
(In Block Letters)

1.	Please state whether you fly as	
	a. Commercial pilot	
	▪ Scheduled airline passenger flying	
	▪ Flight instructor	
	▪ Non-scheduled passenger flying	
	▪ Freight carrying services	
	▪ Charter and sight seeing flying	
	▪ Aerial photography	
	▪ Business flying in company owned planes	
	▪ Crop dusting	
	▪ Flying for testing prototype models	
	▪ Flying for checking flights of repaired and new-not prototype -planes	
	▪ Any other purpose	
	b. Non-commercial pilot-pleasure, business, instructor, etc	
	c. Student pilot	
	d. Members of crew of aircraft and other persons flying in a capacity involving duties aboard an aircraft while in flight (other than pilots)	
	e. Members of Ground staff	
	f. Passengers flying in aircraft other than schedule airline planes	
2.	Whether you expect your future flying to differ from that done on the past. If so, give details	
3.	Particulars of the extent of flying done in the capacity shown under (1) above in the past and expected to be done in the next twelve months	
	Period	In what capacity
	No of hours	
	Current calendar year of date last full calendar year Previous to last full calendar year	
	All Calendar years to date	
	Estimated for next 12 months	
4.	The type of aircraft	

5.	Who owns the aircraft and does the owner hold an Air Operator's Certificate.	
6.	Nature of arrangement for the maintenance and periodical overhaul of the aircraft	
7.	Whether the aircrafts are flown only between Government and Public aerodromes if not, give full details	
8.	Question to be answered if you are a pilot	
a.	What Type of licence do you hold?	
b.	Which Type of aircraft are you authorised to fly?	
c.	When did you learn to fly?	
d.	Have you been involved in any flying Accidents? If yes please give full details.	
e.	Have you ever had your licence revoked or been grounded? If yes, give full details.	
f.	Do You intend to participate in air competitions of any kind, formula air racing, exhibitions, acrobatics or stunt flying	
g.	Do you intend to undertake any low-level or specialised Flying or maneuvering	
9.	Questions to be answered by Test Pilots	
a.	The name of the flying Club or school where you are receiving training	
b.	The flying certificate or licence for which you are undergoing training	
c.	Whether you hold any flying certificate or licence?	
d.	Whether you intend to qualify as a commercial pilot?	
10.	Questions to be answered by <b>crew members</b>	
a.	Exact nature of duties on board the aircraft	
b.	Whether you intend to undergo training as a pilot?	
11.	Questions to be answered by Ground staff	
a.	Exact nature of duties	
b.	Are you required to fly in a capacity involving duties aboard an aircraft while in flight?	
c.	Are you required to fly as a passenger?	
d.	Whether you intend to undergo training as a pilot or member of air crew? If so, please give details	
12.	Questions to be answered by <b>passengers flying in aircraft other than scheduled airline planes</b>	
a.	Are you a member of an Aeroplane Club?	
b.	Name of the Club?	
c.	Whether the non-schedule flying done by you is done entirely in aircraft owned by the Club?	
d.	Whether you intend to take training as pilot?	

## DECLARATION

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for insurance and the declaration relative thereto shall form the basis of the contract between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the Proposer is illiterate:

This declaration should be made by the person filling in the form.

I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the Proposer.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

2. The thumb impression of the proposer should be attested by a person of standing whose – identity can be easily establish, but unconnected with the corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer \_\_\_\_\_(language) and that I have read out to the proposer the answers to the question dictated by the proposer and that the proposer has affixed his impression to this form after fully understanding the thereof.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature





**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**CIVIL GLIDING QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the life to be Assured \_\_\_\_\_  
(In Block Letters)

i.	Name of the gliding club of which you are a member	
ii.	Whether you are an instructor or an ordinary member of the club?	
iii.	Have you been engaged in the past or do you intend to engage in future in advance competition flying?	
iv.	Have you undergone training as a pilot or other member of aircrew of a powered aircraft or do you intend to undergo such training?	

**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for insurance and the declaration relative thereto shall form the basis of the contract between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the Proposer is illiterate:

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I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the Proposer.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**NAVY PERSONNEL QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the life to be assured \_\_\_\_\_  
(In Block Letters)

<p>1. Give particulars regarding the branch of the naval forces, etc. to which you belong and your present rank</p>	
<p>2A. Are you present engaged in:</p> <p>a. Any flying duties as a pilot or member of aircrew or other duties requiring you to remain on board an aircraft otherwise than as a passenger for the purpose of transport</p> <p>b. Duties as paratrooper</p> <p>c. Duties as a Glider pilot or</p> <p>d. Duties as a member of aviation operating personnel or ground personnel</p> <p>B. Were you engaged in the past in any of duties mentioned under (A) above, and if so are you likely or liable to return the same in future?</p> <p>C. Have you undergoing or are you now undergoing training for any of the duties mentioned under (A) above?</p> <p>D. Have you under the terms and conditions, of your service, and a special liability to engage in aviation, Gliding or Parachuting</p> <p>N.B.: - The liability referred to herein is not the general liability imposed on all Defence Service Personnel in terms of which they can be called upon to make a type of work in any if the Defence Services?</p>	
<p>3. Are you a member of any Flying or Gliding Club / if so, state:</p> <p>a. Whether you are undergoing training in flying or gliding or whether you have completed such training</p> <p>b. The number of flights made per annum</p>	
<p>4 A. Have you ever been or do you intend to or are you liable or likely to be engaged to do any work in a submarine, Minelayer or Minesweeper and if so, in what capacity?</p> <p>B. Have you received any training or are you in a liable or likely to receive any training to work</p>	

	submarine, Minelayer or Minesweeper? If so, give details	
5.	A. Have you ever been required to or do you intend or are you liable or likely to do diving in course of your duties? B. State the maximum depth upto which you have dived or have been trained to dive and number of dives undertaken during the last 12 months.	

**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for insurance and the declaration relative thereto shall form the basis of the contract between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the Proposer is illiterate:

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I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the Proposer.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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I hereby declare that I have explained the contents of this form to the proposer \_\_\_\_\_(language) and that I have read out to the proposer the answers to the question dictated by the proposer and that the proposer has affixed his impression to this form after fully understanding the thereof.

Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**DIVING (ARMED SERVICES AND COMMERCIAL) QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the life to be assured \_\_\_\_\_  
(In Block Letters)

1.	Do you dive professionally / as an amateur / for pleasure?	
2.	For how long have you been engaged in diving?	
4.	Did you undergo special training for diving? If yes, state Name and address of the Training Institute Your qualification / grade	
5.	Are you a member of any Diving Club? If yes, state Name and address of the club	
5.	Who is your current employer?	
6.	Do you use equipment for diving? If yes, state Make & model of equipment	
7.	Where do you normally dive? Countries / state Whether in deep sea, coastal waters, river, lakes	
8.	Please describe your precise duties while diving?	
9.	Do you ever use explosive?	
10.	How many dives do you make per month	
11.	Depth of dives Maximum depth to which you dive Average depth of dives	
12.	Length of dive Maximum length of dives Average length of dives	
13.	Do you engage in saturation of diving?	
14.	Do you dive as a part of a team or solo? If part of team How many divers are in the team? If solo, How many solo dives do make per month?	

15.	Have you ever suffered from any complaints during or after diving or had an accident while diving? If yes, a. On what date b. Nature and duration of symptoms c. Nature and duration of treatment d. Any sequelae	
16.	Name and address of the Institution / Hospital / Doctor who treated you	
17.	Do you undergo regular medical check-up If yes, Name and address of the Institution / Hospital / Doctor Where these check-up are conducted	
18.	Where you ever advised to abstain from diving as a result of medical check – ups? If yes, give details	

**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for insurance and the declaration relative thereto shall form the basis of the contract between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

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Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**MERCHANT MARINE QUESTIONNAIRE**

Proposal No. \_\_\_\_\_

Name of the Life to be Assured \_\_\_\_\_  
(In Block Letters)

1.	On what type of vessel do you normally serve? Cargo, Passenger, container etc.	
2.	In what Country is the vessel registered?	
3.	What is the gross tonnage of the vessel?	
4.	What type of cargo does the vessel carry?	
5.	What is your specific jobs title?	
6.	What are your precise duties?	
7.	In what areas does the vessel operate? If this includes the middle East area, Please give full details	

**DECLARATION**

I \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for insurance and the declaration relative thereto shall form the basis of the contract between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the life to be assured

In case the Proposer is illiterate:

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Address of the Declarant



\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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Address of the Declarant

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

**SPECIMEN OF SUPPLEMENTARY DEED OF PARTNERSHIP**

This supplementary deed of partnership is made between \_\_\_\_\_  
\_\_\_\_\_

on \_\_\_\_\_

Where as all the partners in the firm working in the name of \_\_\_\_\_  
\_\_\_\_\_ felt it necessary to make provision  
of money in case of premature death of any or more partners, it has been decided and  
agreed in between all the partners to include the following clause in the original deed of  
partnership signed and

registered on \_\_\_\_\_ Clause No. \_\_\_\_\_”it has been agreed that  
in case of premature death of any of the partners to provide the money to settle his account  
with the firm a Life Insurance Policy be taken on the life of all insurable partner with the Life  
Insurance Corporation of India for sum mutually agreed between all the partners. Premium  
for the said insurance/s be paid from the account of the firm. This insurance is purchased  
with the express understanding to make the money available to the firm to settlement the  
claims of deceased partner/s.”

Signed at \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_ 200

**Signature of Partners**

Witness:

- \_\_\_\_\_ (1)
- \_\_\_\_\_ (2)
- \_\_\_\_\_ (3)
- \_\_\_\_\_ (4)
- \_\_\_\_\_ (5)

### CERTIFICATE OF AGRICULTURAL INCOME

This is to certify that Sri. / Smt. \_\_\_\_\_ son / daughter/wife of \_\_\_\_\_ is the absolute holder of agricultural land described below and that his/her annual income derived from that property for the last three Revenue years is estimated as given herein. The property is not held jointly with any shares

Village \_\_\_\_\_

Survey No. \_\_\_\_\_

Extent (area)	Acre : Guntha	Acre : Guntha	Acre : Guntha
Class of land plantations			
Whether irrigated			
If irrigated source of irrigation			
Nature of crop grown			

INCOME derived for the last three years :-

Year	Gross Income		Net income (in figures)
	(In figure)	(in word)	
	Rs. Rupees	thousand only	Rs.
	Rs. Rupees	thousand only	Rs.
	Rs. Rupees	thousand only	Rs.
	Rs. Rupees	thousand only	Rs.

This certificate is issued on the basis of information available in the Taluka office obtained after due enquiries through concerned Revenue Inspectors.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200

Ref. No, \_\_\_\_\_

(seal)

Tahsildar

Note : 1) A separate certificate is respect of each village shall be issued.

2) The certificate shall be signed by an official not below the rank of tahsildar

3) All corrections should be supported by full signature of issuing authority

### CHARTERED ACCOUNTANT'S CERTIFICATE

1. Name of the proposer			
2. Occupation			
3. PAN or GIR Number			
4. If the Number in 3 is not available reasons for the same.			
5. Gross Income Particular before Tax for the last Three years (Please give Detailed & accurate information about the nature of source of income)			
	Assessment Year	Assessment Year	Assessment Year
a) Employment			
b) Business or Profession			
c) Agriculture			
d) Investment			
e) Property			
f) Any other source			
Total :			
<p>Details of Advance Tax paid for The Current Year Date &amp; Amount Remitted.            I certify that Shri/ Smt. _____ is my client and the above information is based on the IT returns filed in respect of my client for the concerned years.</p> <p style="text-align: right;">Signature of the chartered Accountant With the Seal &amp; Registration Number</p> <p>I certify that Shri/Smt. _____ is my Chartered Accountant.</p> <p style="text-align: right;">Signature of the Proposer</p>			