



PERSONAL FINANCIAL QUESTIONNAIRE

1. Full Name of the Life to be insured : _____

2. Please give details of occupation and state whether you are employed, self-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 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 Persons only

4. Business Details :

Name of Company/Partnership _____

Nature of Business _____

When was the business established _____

Number of employees _____

_____ %.

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 assets 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			
Others(Please give details)			

Declaration :

I do hereby declare that the above statements 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.
Name & Qualification
Code No. & Address