



CIVIL GLIDING QUESTIONNAIRE

Proposal No. _____ Name of the Life to be assured _____ Age _____

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 ever 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 dated _____ and the Declaration relative thereto shall form the basis of the contract between me and the 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 stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20 _____.

Signature of Witness _____

Full Name _____

Occupation _____

Address. _____

Signature of the Life to be assured

In case the Proposer signs in vernacular or 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 questions to the proposer & I have truthfully recorded the answers given by the proposer.

Name & Address of the Declarant

Signature of the Declarant

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.

Name & Address of the Declarant

Signature of the Declarant