

Name of Applicant:	Reference No.:
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1. Name of company _____
2. Nature of business _____
3. Date established _____
4. Total number of employees _____
5. Number of employees eligible for life insurance coverage _____
6. Basis of eligibility for life insurance coverage _____
7. Number of employees with existing life insurance coverage _____
8. What is the basis of granting life insurance coverage to employees? _____
9. Position held in the company _____
10. Length of service _____

11. On what basis has the sum assured been calculated? (Please tick)
 - Multiple of profit Please state multiple. _____
 - Multiple of salary Please state multiple. _____
 - Any other basis Please give details. _____

12. Has the company applied/intend to apply for coverage on the life of other employees? Yes No
 If 'Yes', please give details. A separate sheet of paper may be used if space below is inadequate.

Name	Insurance Company	Face Amount	Effective Date

If 'No', explain why not.

13. What has been the company's gross profit and net profit before tax, over the last 3 years? (*Include a projection for the following year.)

Year	Gross Profit	Net Profit
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DECLARATION

We declare that the statements made are true and complete to the best of our knowledge and that we have not withheld any material information that may influence the acceptance of the life insurance application.

Signed at _____ this _____ day of _____, _____.

Name and Signature of Proposed Insured

Name and Signature of Company Representative

Witnessed by:

Name and Signature of Bancassurance Sales Executive

Code No. _____