

Name of Proposed Insured:	Reference No.:
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1. Position held in the company _____
2. Description of duties _____
3. Length of service _____
4. Are there any concurrent applications being made to other insurance companies? Yes No

If 'Yes', please give details.

Insurance Company	Face Amount	Purpose of Insurance	Type of Insurance

5. Please give details of existing policies in force.

Insurance Company	Face Amount	Effective Date	Type of Insurance

6.
 - a) Name of company _____
 - b) Nature of business _____
 - c) When was the business established? _____
 - d) Number of employees _____

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

Year	Gross Profit	Net Profit
*		

8. What percentage of the company's share capital does the proposed insured own? _____%

9. State the proposed insured's personal earnings for the last two years.

Income	Year	Year
Salary		
Dividends		
Bonuses/Commission		
Share of Profit		
Others (please specify)		

10. 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. _____

11. What proportion of the gross profit can be fairly attributable to the keyman?

12. Why is the keyman considered valuable?

13. Is there a service agreement? Yes No

If 'Yes', please provide details (remuneration package, contract term, etc.).

14. Has the company applied/intend to apply for coverage on the life of other key personnel? Yes No

No

If 'Yes', please give details.

Name	Position	Purpose of Insurance	Face Amount	Effective Date

If 'No', explain why not.

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: _____

BSE's Name and Signature

Code No.: _____