

(b) Periodicity

M	Q	HY	Y
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15. Present Occupation and annual income (inclusive of all sources).....

16. Do you hold any other Rural Postal Life Insurance policy, if so, give details.....
.....

17. Declaration of the proposer-

(a) I.....hereby declare that I am in good health and free from diseases. That I have not had any serious illness or major operations for the last three years and that no proposal of insurance on my life has ever been adversely treated.

(b) I..... hereby declare that the foregoing statement made are true to the best of my knowledge and belief. In case, I have wilfully made any untrue statement or have concealed any circumstances with regard to which information has been required from me, then all the premium which have been paid by me shall be forfeited and the contract rendered absolutely null and void. Surrender of a policy is not admissible before completion of 36 months of the policy and the amount deposited shall be forfeited if I surrender the policy without paying 36 premiums.

(c) I..... hereby declare that the sum assured limit /value of all RPLI policies (non medical) taken together held by me does not exceed Rs 25,000/-

.....
(Signature or left thumb Impression of the proposer

18. Declaration in case the proposer is illiterate

Note:- In case the proposer is illiterate, thumb impression of the proposer should be attested by a literate person permanently resident of the locality (but unconnected with the Deptt) and this declaration should be made by him.

Declarant's Name

Address.....

I hereby declare that I have explained the contents of this form to the proposer in..... (Language) which he/ she easily understands and that the proposer has affixed the thumb impression above after having fully understood the contents thereof.

Signature

Date

19. Declaration of the Rural PLI Sales Person (Agent, GDS, D.O./ FO, Departmental employee)

I..... certify that the above information including declaration of health has been furnished by the proposer in my presence.

I further certify that the document in proof of date of birth furnished by the proposer has been personally verified by me and the date of birth is found to have been correctly stated. I recommend/ not recommend the acceptance of the proposal.

Signature of RPLI Agent

Name of RPLI Agent

Dated

Station

Agent Code

Confidential Report

This will consist of information not revealed in the proposal form. SDI/ ASP report is not only required for granting a policy but will also be required when claim arises, to check the correctness of data in proposal form. This will be completed by SDI/ ASP after proposal form is completed by proposer. Content of the report should not be discussed with the proposer or divulged to him.

(The form should be completed by SDI/ASP)

1. Are you related to the proposer? :

Yes	NO
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2. Are you aware of any financial/physical/mental situation concerning proposer which makes him unsuitable for consideration of his Insurance proposal? :

Yes	NO
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3. In case of any doubt if please visit the concerned police station and verify the proponent was ever arrested/convicted in the criminal case. If yes, give details. :

Yes	NO
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4. Has he signed proposal/Declaration form? :

Yes	NO
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5. Any other matter you would like to bring to the notice of Proposal accepting authority. :

Yes	NO
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6. Do you recommend the acceptance of the proposal? :

Yes	NO
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7. If not recommended, give reasons. :

Yes	NO
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8. Please confirm that :-
 - (1) Confidential report has been written by you after completion of proposal form by proposer. :

Confirmed	Not Confirmed
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 - (2) Confidential report has not been divulged to proposer/or discussed with him. :

Confirmed	Not Confirmed
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Signature SDI/ASP
Full Name With Stamp