

NAME : _____ APPLICATION NO. _____

Client Confidential Report :

(Before completion of the report, the reporting official should be satisfied with the details, regarding the life to be Assured)

1. Do you agree with the ACR by your Advisor Yes No if No, please give details _____

2. By whom were you introduced to the Life to be Assured/Proposer ? _____

3. Are you satisfied about the identity of the Life to be Assured/Proposer ? Yes No

4. Are you satisfied with the declared age of the Life to be Assured/Proposer ? Yes No

5. What is your assessment about the general state of health of the Life to be Assured ? _____

6. Does the Life to be Assured have any physical deformity or impairment ? Yes No

Give details : _____

7. Other Remarks _____

I hereby declare that the foregoing statement are true and correct and made as a result of my detailed enquiries and on verification of document evidence

Name : _____ Designation _____

Signature



Date : | | | | | | | |
DD MM YYYY

Place : _____