



**POLICY EXTRACT FROM PREVIOUS / PROPOSAL PAPERS**

**(If the proposal was decided by Divisional Office / Zonal Office / Central Office – Please mention the Proposal Number also)**

Division \_\_\_\_\_

Branch \_\_\_\_\_

Policy No. \_\_\_\_\_

Proposal Number \_\_\_\_\_

NAME		FATHERS NAME	
OCCUPATION	Sum Assured	Date of Commencement	Plan & Term
AGE :	DOB :	Whether Age Admitted	
Proof of Age		Nature of Age proof submitted in Prev. Policy	

**Other Assurances mentioned in the Proposal**

Branch	Pol. / Ppl. No.	Sum Assured	Year	Accepted
Medical Examiner		Date of Examination		
Qualification & Limit		Place of Examination		
Height	Weight	Pulse B.P. Systolic B.P. Diastolic	Special Reports received if any.	Other particulars, if adverse
Chest on Expiration		Abdomen		

Family History	IF LIVING		IF DEAD	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers Living No. _____ Dead No. _____				
Sisters Living No. _____ Dead No. _____				
Wife / Husband				
Children Living No. _____ Dead No. _____				

a. How Proposal was dealt with:	c. Whether the policy was Revived ? If so,
b. Decision by CUS / ZUS / DO / BO Ref. No. If available: Date of Decision:	i) Sum Revived ii) Revival Decision iii) Decision by CUS/ZUS/DO/BO iv) Date of Revival

Certified Extract

Sr. Branch Manager