



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