



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