

ALLIANZ BAJAJ LIFE INSURANCE COMPANY

Foreign Residency Supplementary Statement

This statement should be completed by the person to be assured.

Full name:

Proposal No:

Date of Birth:

Please answer each question and where appropriate provide particulars.
1. Your Nationality
2. a) Your country of permanent Residence b) Date from which you became a Permanent resident of country Mentioned in (a) above.
3. a) Date of leaving India for First time. b) Details of exchange facility availed of. c) Full particulars of Reserve Bank Permit number. d) Visa Status; if any e) Name of the office of the Reserve Bank, which granted above facilities.
4. Duration of your stay abroad.
5. a) Purpose of your stay abroad. b) Are you gainfully employed abroad? c) Your monthly income from Employment in the foreign Country (including Scholarship, Assistantship,

Etc. for those who are Students or trainees). Please enclose true copies of the appointment letter received from Government or our Educational Institution).

6. a) Passport Number
b) Date of Issue
c) Place of issue
d) Date of Birth

7. Whether you hold any Bank Account in India and if so, Whether it is a Resident Account Or Non-Resident Account. Furnish Full details thereof.

8. The source from which the premiums will be paid

9. Please tick(✓) below by which of the following manner you propose to remit the premiums to AZBJ.

By direct remittance from the Country of your residence to India through Banking Channels (preferable by Rupee Draft in favour of AZBJ) OR by Remittances through postal channels like foreign money orders.

By cheques drawn on your Non-Resident (External) or Foreign Currency (Non-Resident) Account with Bank in India.

By cheques drawn on your Resident/Non-Resident Account with Bank in India

By cheques drawn on account maintained by resident Parent or Spouse of the policyholder in their name or joint name with other close relatives.

In case of bonafide students, Premiums can be accepted, if paid in India by somebody else on behalf of the life assured.

10. Your full address in the country of your residence abroad.

11. Since in accordance with the Exchange
Name & Address
Control Regulations, the policy cannot
be exported out of India, state full name
and address of an Indian National
permanently residing in India to whom
the policy may be dispatched.

12. Date of your leaving India/Date you left
India (current visit)

13. If you are a student, state the nature and full
details of your studies

I hereby declare that the foregoing statements and
answers are true in every respect. I am also aware that
claims of any nature arising under the policy will be
settled in Indian currency in India only. I have taken note
of the restrictions applicable as given in the enclosed
annexure.

Dated at _____ this _____ day of
_____ 2001.

SIGNATURE OF THE LIFE TO BE ASSURED/LIFE ASSURED

WITNESS :

Signature :

Name :

Designation :

Address :