

MINOR LIFE SUPPLEMENTARY STATEMENT

Name Of Minor:	
Date of Birth:	Place of Birth:
If Student:	
Name of institute:	
Education Level:	
Income, if any:	
Source:	

Father's Name:		
Date of Birth:	Place of Birth:	
Educational Qualification:		
Occupation:	Nature of Duties:	
Annual Income:		
Total amount of Insurance:		
Company	Sum Assured	Premium

Mother's Name:		
Date of Birth:	Place of Birth:	
Educational Qualification:		
Occupation:	Nature of Duties:	
Annual Income:		
Total amount of Insurance:		
Company	Sum Assured	Premium

Total amount of Insurance (Sum Assured):		
<u>Siblings</u>		
Name:	Date of Birth:	Health History:
Total amount of Insurance:		



I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Signature of the Policyholder

Place

Date

Declaration of good health for a minor child up to age 5

I hereby declare that the child's hearing, vision, speech and movements are normal and that no congenital defect exists.

Signature of the Policyholder

Place

Date