

# Proposal Form

## Life Assurance



### ➤ 1 - Proposer

Proposal No :

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other:		Sex: Male/Female	Marital Status :
Address :			
Email Address :			
Tel No Res :		Off :	Mob :
Date of Birth :		National Identity Card :	
Occupation :			
Proposal : Single / Joint :		Place of Birth :	

### ➤ 2 - Life/Lives Assured (if different from Proposer)

#### 1st Life to be Assured

#### 2nd Life to be Assured

Title : Mr/Mrs/Ms/Dr Other :		Title : Mr/Mrs/Ms/Dr Other :	
Surname :		Surname :	
First Names :		First Names :	
Maiden Name :		Maiden Name :	
Date of Birth :		Sex : M / F	Date of Birth :
Place of Birth :		Sex : M / F	
Nationality :		Place of Birth :	
National ID No. :		Nationality :	
Marital Status :		National ID No. :	
Residential Address :		Marital Status :	
		Residential Address :	
Business Address :		Business Address :	
Tel No :Res Off :		Mob :	Tel No :Res Off :
			Mob :
Email :		Email :	
Occupation :		Occupation :	
Employer :		Employer :	
Empl . Address :		Empl . Address :	
Relationship of Life 2 to Life 1 :			

Ref: PF/Life/2011

➤ **3 - Plan Details**

Type of Plan :	Term : Yrs / Months		
Cover (Main) :	Investment	Sum Assured (Rs)	Premium (Rs)
	Death		
	T P D		
	Premium Waiver		
	Total Cover		Rs:
			Policy Fee
		FSC variable Fee	
		Total Premium (Rs)	

Premium Frequency : Monthly / Yearly / Single

Commencement Date :

Payment Method : D.Debit / Cash / Bank S.Order / Salary Deduction

➤ **4 - Beneficiary Details**

Name	Relationship	Share (Per %)

Address

➤ **5 - Data Protection**

Cim Life Ltd is registered as Data Controller under the Data Protection Act 2004 (Act). All the personal data collected and processed (including sensitive data) in the performance of its business will be treated in strict confidence. We will do our best to ensure that data is accurate, complete, up to date and reliable for its intended use.

All the information requested on this form is mandatory. Personal information may be shared with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, and institutions investigating fraud and money laundering, whether in Mauritius or another country.

The personal data provided may be used for data sharing by Cim Life Ltd with other Cim Group companies for marketing purposes, to inform you of offers related to other goods and services, in a way that is compatible with the Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you agree that your personal data may be processed in the manner described above. If you need to inform us of any changes in your personal data or if you have any enquiries about our Privacy Policy, you may send them in writing to our Compliance Manager.

➤ **6 - Declaration**

6.1 I/we, the undersigned, do hereby declare and warrant that all the information given in this proposal and in all the documents which have been, or will be signed by me/us in connection with the proposed assurance, whether in my/our handwriting or not, is true and complete.

6.2 I/we agree that the statements in this proposal and in the documents mentioned above shall be the basis of the proposed contract, that any misstatement or omission therein may lead to the contract being declared void and that in the event of such a situation, all monies paid in respect thereof shall be forfeited.

6.3 I/we hereby irrevocably authorise and request any doctor, other person or institution who may be in possession of, or may later acquire, any information concerning my/our health, to disclose it to Cim Life Ltd and I/we agree that this authorisation and request shall remain in force after my/our death.

6.4 I/we agree that cover will begin when the first premium is paid and Cim Life Ltd has conveyed written acceptance of the risk to the Proposer(s).

Signature of 1st Life Assured: .....

Signature of 2nd Life Assured: .....

Signature of Proposer :

Date :

**For office use only**

**DECLARATION BY EMPLOYEE – FOR INDIVIDUALS**

I certify having: (please tick the relevant sections)	YES	NO
1. checked the Referral List and the UNSC List	<input type="checkbox"/>	<input type="checkbox"/>
2. verified the identity of the applicant	<input type="checkbox"/>	<input type="checkbox"/>
3. seen the original documents	<input type="checkbox"/>	<input type="checkbox"/>
4. seen the certified copies of original documents	<input type="checkbox"/>	<input type="checkbox"/>
5. checked that any document requiring a signature were pre-signed	<input type="checkbox"/>	<input type="checkbox"/>
6. made photocopies of documentary evidence	<input type="checkbox"/>	<input type="checkbox"/>
7. verified that any photograph of the applicant(s) present a good likeness of the applicant(s)	<input type="checkbox"/>	<input type="checkbox"/>
8. informed customer that missing documents must be submitted within 30 days	<input type="checkbox"/>	<input type="checkbox"/>

I have not verified the identity of the applicant for the following reason(s) :

**Application processed through an eligible introducer**

NAME OF INTRODUCER

**DECLARATION BY INSURER'S**

**EMPLOYEE**

I certify having:	YES	NO
a) received an eligible/group introducer certificate	<input type="checkbox"/>	<input type="checkbox"/>
b) received copies of all documentation from introducer	<input type="checkbox"/>	<input type="checkbox"/>
c) informed introducer that missing documents must be submitted within 30 days	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for which verification of identity has not been effected :

**Employee Details**

Details of employee who has conducted the customer due diligence / seen the documentary evidence submitted by the eligible / group introducer.

NAME

Date :..... Signature :.....