

# Questionnaire for Foreign Nationals Employed in India

(To be Completed by Foreign Nationals Employed in India)

Name of the Life Insured:			
Application Number:		Nationality:	
Place of Birth:		Date of Birth:	

  

**Passport Details:**

1) Passport Number : \_\_\_\_\_

2) Date of issue : \_\_\_\_\_

3) Place of issue : \_\_\_\_\_

4) Common ID issued in the country of residence, e.g. SSN, CPR, etc.: \_\_\_\_\_

5) Purpose of your stay in India (occupation/education/personal): \_\_\_\_\_

6) Date of first entry into India: \_\_\_\_\_

Visa Status: Work Visa ☐ Travel Visa ☐ Residence Visa ☐ Other (please specify) ☐

Duration of your stay in India: \_\_\_\_\_ years

A) How frequently do you visit your home country (per annum)? \_\_\_\_\_

B) Do you travel to any other country apart from above? ☐ Yes ☐ No

If 'Yes', please provide details regarding frequency of visit , purpose of visit and cities visited during each stay: \_\_\_\_\_

Details of Resident Account/ Non Resident Account held in India: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A/C Number: \_\_\_\_\_ Name of the Bank: \_\_\_\_\_

Address of the branch: \_\_\_\_\_

Name, address and telephone number of your family physician in the country of your current residence: \_\_\_\_\_

\_\_\_\_\_

I declare that the answers I have given above are, to the best of my knowledge, true and complete, and form a part of the original proposal form.

I am also aware that claims of any nature arising under the policy will be settled in Indian currency in India only. However, if the claim amount is desired to be paid in foreign currency, the permission of the Reserve Bank of India would be necessary which would be as per the present Exchange Control Regulations of India.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Assured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of the Declarant

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Insured