



Form No: Sales 001

এলআইসি বাংলাদেশ লিমিটেড
LIC Bangladesh Ltd.PROPOSAL FOR INSURANCE ON OWN LIFE
(Not to be used for insurance on the lives of Minors)Latest
Passport
Size
Photo

Are you registered with LIC Portal: Yes / No	Inward No	Date
If yes, give Customer - ID:		
If no, give your E-mail ID:		

To be filled by Agent:		For Office use :	
Branch office:	Branch Manager's Code No. / Mentor & Mobile No.:	Proposal no.:	
Agent's / Agency Manager's Name & Mobile No.:		Amount of Deposit:	
Agent's Code No.:	Licence No.:	B.O.C.No.:	
Date of Expiry:		Date:	

SULTANA FAHMIDA # 1163

(All answers to be filled in legibly, Answers must be given in words. Strokes of the pen or dots or dashes will not be accepted as replies)

1.	Full Name (Surname First) & Address to which communications are to be sent		Object of insurance:
	FARHANA SULTANA		
	Add. C/O KAZI MAZHARUL ISLAM, VILL - KHAPPAK NAGAR, PO - HALIMA NAGAR, ADARSHA SADAR, COMILLA		Nationality: Bangladeshi
	Pin 3500		Place of Birth: COMILLA
	Tel.: (With STD Code):		Gender: M ☐ F ☒
	Res.:	Office:	Age (nearer birthday) yrs.
	e-mail:	Mobile No.:	
2 (A)	Residential address, if different from above:		Date of Birth
	AS ABOVE		01/06/1980
	Pin		Nature of Age-Proof submitted: NID
	Short Name:	Father's Full Name (Surname First)	
	FARHANA		
2 (B)	Nominee's Full name (Surname first) and address		Relationship to yourself
	If Nominee is a minor, appointee's full name and address		Signature of Appointee as token of consent

It is in the interest of the proposer to avail of the facility of nomination

৩.	পরিচয়না ও শর্ত	প্রজ্ঞাপিত বীমারশি	খসড়াকারী প্রজ্ঞাপিত টাকা (প্রয়োজন হলে)	জটিল অনুস্থতায় প্রজ্ঞাপিত টাকা (প্রয়োজন হলে)	মুখটমায় কোন সুবিধা নেবেন কিনা	পলিসি পূর্বের তারিখে হলে তারিখ উল্লেখ	আমায়নের পরিমান
	801 8 1242	200000/			200000/-		
	মোড (বাহসরিক/ অর্ধবাহসরিক/ ট্রামাসিক/ মাসিক)					ব্যাংক নাম	
	Hly.						
৪. (ক)	বর্তমান পেশা			পদবী/ কাজের প্রকৃতি			
	TEACHER						
৪. (খ)	প্রতিষ্ঠানের নাম			কতদিন যাবত চাকুরী করছেন			
৫.	শিক্ষাগত যোগ্যতা	বাহসরিক আয়	আয়ের উৎস	আপনি কি আয়কর প্রদান করেন			
	MA	400000/-		হ্যাঁ / না			
				টিন নং:			
				জোটার আইডি নং: 1016731227024			
৬.	সশস্ত্র বাহিনীতে কর্মরতদের জন্য						
	বিভাগে/ প্রতিষ্ঠানের নাম	পদবী	শেষ বাহ্যাপরীক্ষার তারিখ	বাহ্য পদীক্ষার রিপোর্ট	কখনো কি আপনাকে বাহ্য পদীক্ষার অনুপযোগী মোহনা করা হয়েছে। হ্যাঁ হলে কবে উল্লেখ করুন		
	—		—		—		
৭.	আপনি কি অন্য কোন বীমা কোম্পানী হতে কোন পলিসি গ্রহন করেছেন? করে থাকলে তার বিস্তারিত বর্ণনা দিন।					—	
৮. (ক)	আপনার পূর্বের পলিসি অ্যাপ করার কারণ:				উত্তর হ্যাঁ / না	হ্যাঁ হলে বিস্তারিত বর্ণনা দিন	
	ক) বিনমিত/ অধীকৃত/ বক্ষ/ গৃহিত				NO		
	খ) অতিরিক্ত প্রিমিয়াম				NO		
	গ) প্রজ্ঞাপিত ও গৃহিত সিদ্ধান্ত				NO		
৮. (খ)	আপনি গত একবছরের মধ্যে অন্য কোন বীমা প্রতিষ্ঠান হতে পলিসি গ্রহন করেছেন কি? করে থাকলে বিস্তারিত বর্ণনা দিন:			NO			

3.	Plan & Term	Sum Proposed	Term Rider Sum Proposed (if required)	Critical Illness Rider Sum Proposed (if required)	Is Accident Benefit Rider required?	If policy is to be dated back indicate date	Amount deposited
	806 8 20(12)yr	500000/-			500000/-		20910
	Mode (Yearly, Half-yearly, Quarterly, Monthly or under SSS)			Paying Authority code		Dept. No.	Badges or SR No
	H/y.						
4. (A)	Present occupation			Exact Nature of duties			
	Teacher						
4. (B)	Name of Present Employer			Length of service with him			
5.	Educational Qualification	Annual Income	Sources of Income		Are you an Income-Tax Assessee?		
	MA	400000/-			TIN NO. NO. NO. 1916751227024		
6.	If you are employed in the Armed Forces please state:						
	Wing to which you belong	Rank therein	Date of last Medical Examination	Medical category after Medical Examination	Were you ever below category? If so, when?		
	—			—	—		
7.	Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the Corporation or to any other insurer? If yes, give details					—	
8.	Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation or to any other insurer ever been:					Answer YES or NO	If yes, give details
(A)	a) Withdrawn, Deferred, Dropped or Declined?					NO	
	b) Accepted with Extra Premium or Loan?					NO	
	c) Accepted on terms other than those proposed?					NO	
8.	Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? If yes, give details						
(B)	NO						

Please give details of your previous insurance (including policies surrendered / lapsed during last 3 years)

Policy number	Insurance Companies from where the previous policy/ policies have been purchased with address (if previous policies are from LIC of Bangladesh Ltd. give name of Branch)	Table & Term	Sum Assured On Main Plan	Term Assurance Rider Sum Assured	Critical illness Rider Sum Assured	Amount of Accident Benefit Rider taken	Date of Commencement	Whether accepted as proposed at ordinary rates? if not give details	Medical Or Non Medical	Whether in force for full Sum Assured	if not give due date of last Premium paid or date of surrender

N.B.: Corporation does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.

10.

Family History	Living		Dead	
	Age	State of Health	Age at death	Cause of death
Father			20	old Age
Mother	70	Good.		
Brothers Living 2	52, 39.	Good		
Dead				
Sisters Living 1	49.	Good		
Dead				
Wife/Husband	45	Good		
Children Living 5-1	17,	Good		
Dead 0-1	7			

11.

Personal History	Answer 'YES' or 'NO'	If 'yes' please give full details
a) During the last five years did you consult a Medical Practitioner for ailment requiring treatment for more than a week?	NO	
b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation?	NO	
c) Have you remained absent from place of work on grounds of health during the last 5 years?	NO	
d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system	NO	
e) Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease?	NO	
f) Did you ever have any bodily defect or deformity?	NO	
g) Did you ever have any accident or injury?	NO	

DECLARATION BY THE POLICY HOLDER

I, _____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of Bangladesh Ltd. and that if any untrue averment be contained therein the said contract shall be death with as per provisions of IDRA Act.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance or assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Act.

Dated at Cumilla on the 02nd day of Mar, 2025

Signature of Witness _____

Name _____

Occupation _____

Address _____

Signature or Thumb impression of the person whose life proposed to be assured

Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)

"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant: _____

Address of the Declarant: _____

Signature

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the proposed contract."

Signature or thumb impression of the person whose life proposed to be assured

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer/Life to be Assured in _____ language and that the proposer/Life to be Assured has affixed his thumb impression above after fully understanding the contents thereof"

Name of the Declarant: _____

Address of the Declarant: _____

Signature

FOR MEDICAL CASES ONLY

"I certify that the Life Assured has signed/put his/her thumb impression in my presence after admitting that all the answers to Question Nos. 10 and onwards of this form have been correctly recorded"

"I have not been suffered from COVID-19 disease or kept in quarantine period"

Signature or Thumb impression of the proposed

Signature by Policy Holder

N.B. Signature or thumb impression should be affixed in the presence of Medical Examiner.

(Signature of the Medical Examiner)

11. Do you use or have you ever used			
(i) Alcoholic drinks		NO	
(ii) Narcotics		NO	
(iii) Any other drugs		NO	
(iv) Tobacco in any form		NO	
(v) What has been your usual state of health?		Good	
(vi) Have you ever required or at present availing / undergoing medical advice treatment or tests in connection with Hepatitis B or AIDS related condition?		NO	
12	In non-medical cases, please state exact Height in Cms, and Weight in Kgs. (without shoes)	Height (in cms) 5' - 3"	Weight (in Kgs) 64kg
FOR FEMALE PROPONENT			
13. (A)	Are you pregnant now?	Date of last delivery	Have you had any abortion or miscarriage or Cesarean Section? If so, give details
	NO	25/5/2018	
13. (B)	Husband's full name	KAZI MAZHARUL ISLAM.	
	His Occupation	BUSINESS	
	His annual income	1200000/-	
13. (c)	Details of Husband's Insurance		
	Policy number	Insurance companies from where the previous policy/policies have been purchased with address (if previous policies are from LIC of Bangladesh Ltd., give name of branch / D.O.	Sum Assured
			Table & Term
			Present status of the policy
14.	Have you understood fully the terms & conditions of the plan you propose to take?		Yes / No
15.	Whether the terms & conditions of the proposed plan have been explained to you by the Agent?		Yes / No
16.	/ Please provide the following information to help us to serve you better.		
	Bank Account details: _____		
	a) Type of Account-Saving / Current:	e) Name and Address of your bank:	
	b) Your Account No. _____	_____	
	c) 9 Digit MICR: _____	_____	
	d) IFSC Code: _____	_____	
Attach a photocopy or cancelled cheque with the form.			



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

Government of the People's Republic of Bangladesh

NATIONAL ID CARD / জাতীয় পরিচয় পত্র



নাম: ফারহানা সুলতানা

Name: Farhana Sultana

স্বামী: কাজী মাজহারুল ইসলাম

মাতা: সামছুন নাহার

Date of Birth: **01 Jun 1980**

ID NO: **1916751227024**



এই কার্ডটি গণপ্রজাতন্ত্রী বাংলাদেশ সরকারের সম্পত্তি। কার্ডটি ব্যবহারকারী ব্যতীত অন্য কোথাও পাওয়া গেলে নিকটস্থ পোস্ট অফিসে জমা দেবার জন্য অনুরোধ করা হলো।

ঠিকানা: বাসা/হোল্ডিং: কাজী বাড়ী, গ্রাম/রাস্তা: চম্পক নগর, ডাকঘর: হালিমা নগর -
৩৫০২, কুমিল্লা আদর্শ সদর, কুমিল্লা

রক্তের গ্রুপ / Blood Group: **O+**



প্রদানকারী কর্তৃপক্ষের স্বাক্ষর

প্রদানের তারিখ: ১১/০৭/২০১২





গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
Government of the People's Republic of Bangladesh
NATIONAL ID CARD / জাতীয় পরিচয় পত্র



নাম: কাজী মাজহারুল ইসলাম

Name: Kazi Mazharul Islam

পিতা: কাজী নজরুল ইসলাম

মাতা: কাজী মাহাবুবা ইসলাম

Date of Birth: 01 Jan 1980

ID NO: 19801916751227026

এই কার্ডটি গণপ্রজাতন্ত্রী বাংলাদেশ সরকারের সম্পত্তি। কার্ডটি ব্যবহারকারী ব্যতীত অন্য
কোনো পাওয়া গেলে নিকটস্থ পোস্ট অফিসে জমা দেবার জন্য অনুরোধ করা হলো।

ঠিকানা: বাসা/হোন্ডিং: কাজী বাড়ী (মধ্য পাড়া), গ্রাম/রাস্তা: চম্পক নগর, ডাকঘর:
হালিমা নগর - ৩৫০২, কুমিল্লা আদর্শ সদর, কুমিল্লা

রক্তের গ্রুপ / Blood Group: B+


প্রদানকারী কর্তৃপক্ষের স্বাক্ষর

প্রদানের তারিখ: ১১/০৭/২০১২

