



এলআইসি বাংলাদেশ লিমিটেড
LIC Bangladesh Ltd.

Form No: Sales 001

PROPOSAL FOR INSURANCE ON OWN LIFE
(Not to be used for insurance on the lives of Minors)



Are you registered with LIC Portal: Yes / No If yes, give Customer - ID: If no, give your E-mail ID:	Inward No	Date
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To be filled by Agent		For Office use	
Branch office: <u>AGRABAD CTG</u>	Branch Manager's Code No. / Mentor & Mobile No. <u>0000036</u> <u>01558944280</u>	Proposal no	
Agent's / Agency Manager's Name & Mobile No. <u>DILARA HASAN DAISY</u>	Agent's Code No. <u>0066013007</u>	Amount of Deposit	
Licence No.	Date of Expiry	B O C No	
		Date	

(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		SAVING'S & RISK COVER	
MD ABDUR NUR OVI		Object of insurance	
ABU TAHER COMPANY BARI		RISK COVER	
ISHAQUE MP LANE HAZI PAR		Bangladesh	
A AGRABAD CTG Pin 4100		Nationality	
Tel. (With STD Code)		Place of Birth	
Res. e-mail: Office: Mobile No. 01834881036		CHATTOGRAM	
2 (A) Residential address, if different from above.		Gender: M ☒ F ☐	
HOLDING FAS SHERSHAH PO		Age (nearer birthday) 35 yrs	
BAYAZID BOSTAMI PS BAYAZ		Date of Birth 23/10/1994	
ID BOSTAMI CTG Pin 4210		Nature of Age-Proof submitted	
Short Name: OVI		NID Photo copy	
Father's Full Name (Surname First) MD. ABUL HASHEM			
2 (B) Nominee's Full name (Surname first) and address		Relationship to yourself	
ASMA KHATUN TAMANNA		WIFE	
Age 27			
It Nominee is a minor, appointee's full name and address		Relationship to nominee	
		Signature of	



It is in the interest of the proposer to avail of the facility of not

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
	814 7	1,00,000/-	-	YES 50,000/-	YES	-	1357
	Mode (Yearly, Half-yearly, Quarterly, Monthly or under SSS)			Paying Authority code		Dept. No	Badge or SR No
	MONTHLY			-		-	-
4. (A)	Present occupation			Exact Nature of duties			
	SERVICE			EFFLUENT TREATMENT PLANT (ETP)			
4. (B)	Name of Present Employer			Length of service with him			
	ELITE PAINT			14 YR			
5.	Educational Qualification	Annual Income	Sources of Income		Are you an Income-Tax Assessee?		
	S.S.C	2,00,000/-	SERVICE & OTHER		TIN NO: NID NO: 1949284258		
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. (A)	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) Withdrawn, Deferred, Dropped or Declined?						
	b) Accepted with Extra Premium or Lien?						
	c) Accepted on terms other than those proposed?						
8. (B)	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:						

18. Please give details of your previous insurance including policies surrendered/ lapsed during last 5 years.

Policy number	Insurance Company name where the previous policy was held	Mode of death	Sum assured	Term of insurance	Death benefit	Amount of Accident Benefit received	Date of Commencement	Whether accepted as proposed or ordinary rates? If not give details	Medical or Non Medical	Whether in force for full Sum Assured	First give the date of last Premium paid or date of surrender

19. Give details of the relationship by blood, marriage or otherwise where a policy has been issued to you or issued to you as beneficiary within the last 5 years.

Relationship	Age	Living	State of health	Age at death	Date of death
Father	58	GOOD			
Mother	55	GOOD			
Brothers Living <u>I</u> Dead <u>—</u>	27	GOOD			
Sister Living <u>NIL</u> Dead <u>—</u>	—	—			
Wife/husband	27	GOOD			
Children Living <u>SON-I</u> Dead <u>—</u>	3 YR	GOOD			

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 or 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, Lymphoma 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	

h) 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	
(i) What has been your usual state of health?		Yes	
j) 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)	Weight (in Kgs)
	172	73 kg

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

13. (B)	Husband's full name
	His Occupation
	His annual Income

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.

DECLARATION BY THE POLICY HOLDER

I MD. ABDUR NUR OVI 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.

Not with standing 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 CG on the 28 day of 09 2026

Signature of Witness _____
Name _____
Occupation _____
Address _____

MD: Ovi.

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

1.

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: _____

MD: Ovi.

Signature

P2

"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

2.

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

P2
Signature by Policy Holder

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

(Signature of the Medical Examiner)



LIC

এলআইসি বাংলাদেশ লিমিটেড
LIC Bangladesh Ltd.

Agency Code **006603007**
 Licence No. & Date of Expiry
 Agency Manager's **0000036**
 Proposal No./
 Branch **AGRABAD**

Agent's Name & Address **DILARA HASAN DATSY**

Name of Proposer **MD. ABDUR NUR OVI** Age **31** Sum Proposed **100000/-**

Name of Life Proposed **MD. ABDUR NUR OVI** Age **31** Occupation & Nature of Duties **SERVICE (ETP)**

1. a) How long do you know the life proposed?
 b) Are you related to him/her? If so give details
 c) What is the educational qualifications of the life proposed?

a) **LONG TIME**
 b) **NO**
 c) **S.S.C**

2. Give details of his/her income from

- ☒ a) Employment
 b) Business/Profession
 c) HUF
 d) Other sources (specify details)
 Total Yearly income of Rs.

Proposer	Life Proposed	Remuneration
	200,000/-	
	200,000/-	

- i) What proof of income is verified by you in respect of income stated above?
 ii) Whether it is salary sheet or certificate issued by the Employer?

- iii) Whether it is a certificate issued by the C.A.?

What is the permanent A/C. No allotted by I.T. authority (TIN)?

- iv) Whether copies of income tax returns verified?

What is the PAN?

Are you personally satisfied with the financial standing of the proposer/life assured and justify the current proposal?

- v) Whether KYC/AML norms are fulfilled for the proposer?

- vi) Are you satisfied that the life proposed and or proposer is not connected with any terrorist Activities?

3. a) What is the general state of health of the life proposed?
 b) Does he/she have any physical deformity, impaired sight or hearing physical impairment or Mental retardation?
 c) DO you have any knowledge of his/her having suffered from any illness or injury or undergone any operation. hospitalization or medical investigation?

a) **GOOD**
 b) **NO**
 c) **NO**

4. Did you discuss with the Proposer/Life Proposed the status of previous policies and are you satisfied that no policy has lapsed within the last three years.

YES

5. Are you aware of any proposal (or revival of any policy) of the life proposed having been deferred, declined, dropped or accepted at terms other than those proposed?

YES

6. Are you aware of anything in the occupation, financial or social position of the life proposed, his/her personal habits or any other circumstances which might be likely to add to the risk?

YES

7. Under Non-Medical cases only, give

- a) Marks of Identification

- b) Exact Physical Measurements:

cm	Kg.	cm	cm	cm
172	73			
Height	Weight	Girth of abdomen at Navel Level	On Expiration Girth of Chest at Nipple Level	On Inspiration

8. Have you explained fully the terms and conditions of the plan to the Proposer?

YES

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at **28** on the **28** day of **09** 20 **26**

Signature of Agent **Dilary 006603007**

(TO BE COMPLETED BY THE AGENCY MANAGER'S)

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date at **28** on the **28** Day of **09** 20 **26**

Name & Designation

Standing (No. of Years)

FULL SIGNATURE

(TO BE COMPLETED BY THE BRANCH MANAGER, BM/CM)

I am satisfied with the identity of the party and on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date at **28** on the **28** Day of **09** 20 **26**

Name & Designation

Standing (No. of Years)

FULL SIGNATURE



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
Government of the People's Republic of Bangladesh
Temporary National ID Card / সাময়িক জাতীয় পরিচয় পত্র



২৫-০৫-৯৯

নাম: মোঃ আব্দুর নুর অভি
Name: MD. ABDUR NUR OVI
পিতা: মোঃ আবুল হাসেম
মাতা: মোছাম্মাৎ ছেনোয়ারা বেগম
Date of Birth: 23 Oct 1994
ID NO: 1949284218

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: এফ / এ ৫, ডাকঘর: বায়েজিদ বোস্তামী - ৪২১০, বায়েজিদ বোস্তামী, চট্টগ্রাম সিটি কর্পোরেশন, চট্টগ্রাম

মুদ্রণ: ০২

প্রদানকারী কতৃপক্ষের স্বাক্ষর

প্রদানের তারিখ: ০১/০১/২০২০

মেয়াদ উত্তীর্ণের তারিখ: ০১/০১/২০২২





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



নাম: আসমা খাতুন তামান্না

Name: ASMA KHATUN TAMANNA

পিতা: মোহাম্মদ আলী

মাতা: রাশেদা বেগম

Date of Birth: 02 Jan 2000

ID NO: 8281639289

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: ইউসুফ আলী সওঃ বাড়ী, গ্রাম/রাস্তা: কমার্স কলেজ রোড,
মতিয়ালপুল, ডাকঘর: চট্টগ্রাম বন্দর - ৪১০০, ডবলমুরিং, চট্টগ্রাম সিটি
কর্পোরেশন, চট্টগ্রাম

রক্তের গ্রুপ / Blood Group: O+ জন্মস্থান: চট্টগ্রাম

প্রদানকারী কর্তৃপক্ষের স্বাক্ষর

প্রদানের তারিখ: ২২/০৬/২০২৫

