



এলআইসি বাংলাদেশ লিমিটেড
LIC Bangladesh Ltd.

From 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: 8572
If no, give your E-mail ID:

Inward No: 996
Date: 1-10-20

To be filled by Agent

For Office use:

Branch office: CHATTOTURAM RABAD
Branch Manager's Code No. / Mentor & Mobile No.: 0000036
01713640772

Proposal no.: 2020001243

Amount of Deposit: 9733 F

Agent's / Agency Manager's Name & Mobile No.:
ROMANA WAHED

B.O.C.No.: 1228

Agent's Code No.: 013940007
Licence No.:
Date of Expiry:

Date: 05-10-2020

(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: RISK COVER & SAVINGS	
		N A S R I N N A H A R		B A N G L A D E S H I	
		Add: B A R E K M E M B E R - E R - B A R E , M I D D L E S A R A T P A R A , P O S T - P A H A R T O L I - C H A T T O U R A M		Nationality:	
		Pin 4202		Place of Birth: CHATTOTURAM	
		Tel.: (With STD Code): 01618366284		Gender: M ☐ F ☒	
		Res.: e-mail:		Age (nearer birthday) 36 yrs.	
2 (A)		Residential address, if different from above:		Date of Birth	
		B A R E K M E M B E R - E R - B A R E , M I D D L E S A R A T P A R A , P O S T - P A H A R T O L I - 4202, C T H		10061984	
		Pin		Nature of Age-Proof submitted: NID PHOTOCOPY	
		Short Name: N A S R I N		Father's Full Name (Surname First): A B D U L W A H E D R A N A	
2 (B)		Nominee's Full name (Surname first) and address		Age	
		A B D U L L A H A L M A M U N		40	
		Relationship		Husba	
		If Nominee is a minor, appointee's full name and address		Age	
				Relationship to nominee	
				Signature of Ap	



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

ST-1-78 5008
M-S

DECLARATION BY THE PROPOSER

NASRIN NAHER

the person whose life is herein being proposed to be assured, do hereby declare that 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 DRA 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 CHATTOGRAM on the 05 day of 10 2020

Signature of Witness

Name

Occupation

Address

Roman

013943007

Nasrin

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:

Nasrin

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

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

Signature or Thumb impression of the proposed

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

(Signature of the Medical Examiner)



नाम

নাসরিন নাহার

Name _____

NASRIN NAHAR

পিতা

আবদুল ওয়াহেদ রানা

মাতা

পাকিজা খাতুন

Date of Birth 10 Jun 1984

NID No **417 909 2822**

ਸਾਮਾਜਿਕ



ঠিকানা: গ্রাম/রাস্তা: বারেক মেঘারের বাড়ী, মধ্যম
সরাইপাড়া, ডাকঘর: পাহাড়তলী - ৪২০২,
পাহাড়তলী, চট্টগ্রাম সিটি কর্পোরেশন, চট্টগ্রাম

Hlood Group: B+

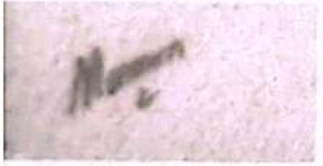
Place of Birth **CHITTAGONG**

Issue Date 20 Feb 201

I<BGD417909282<24<<<<<<<<<<<<<
8406103F3202193BGD<<<<<<<<<<<<<2
NAHAR<<NASRIN<<<<<<<<<<<<<<<<<



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



নাম: আব্দুল্লাহ আল মামুন
Name: Abdullah Al Mamun
পিতা: মোঃ নুরুল আমিন
মাতা: খোদেজা আক্তার
Date of Birth: 15 Jul 1980
ID NO: 9557273555

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

ঠিকানা: বাসা/হোন্ডিং: ১২, গ্রাম/রাস্তা: ১, বনশ্রী ব্লক-ই, ডাকঘর: খিলগাঁও - ১২১৯,
রামপুরা, ঢাকা উত্তর সিটি কর্পোরেশন, ঢাকা

রক্তের গ্রুপ / Blood Group: AB+ জন্মস্থান: ফেনী

প্রদানকারী কর্তৃপক্ষের স্বাক্ষর

প্রদানের তারিখ: ০৩/০৮/২০২২

