



এসআইলি বাংলাদেশ লিমিটেড
LIC Bangladesh Ltd.

জীবন বীমা প্রস্তাব পত্র

(প্রাপ্ত বয়স্কদের জন্য)



গ্রাহক আইডি অথবা ই-মেইল	ইনওয়ার্ড নং	তারিখ

এফ.এ ঘাটা পূর্ণ করুন:

ব্রাঞ্চ অফিস:

ব্রাঞ্চ ম্যানেজার কোড / মোবাইল নং:

0001

Gulshan

Bm0000087

ইউনিট ম্যানেজারের কোড:

U. Saketinc

এফ.এ কোড নং:

021310001

বাইসেস নং:

মেয়াদউত্তীর্ণ তারিখ:

অফিস ব্যবহারের:

প্রপোজাল নং:

আমানতের পরিমাণ:

বি.ও.সি নং:

তারিখ:

১. পূর্ণ নাম ও ঠিকানা/পদবী

নাম

JESMIN BEGUM

ঠিকানা:

25 Borokata Road PO-POSTA

Lalbagh Dhaka

কোড

টেলিফোন:

অফিস:

01743636666

ই-মেইল:

মোবাইল নং:

Saving and

বীমার উদ্দেশ্য:

Risk Cover

জাতীয়তা: Bangladeshi

জন্মস্থান: Dhaka

লিঙ্গ: মহিলা ☒ পুরুষ ☐

বয়স (আসন্ন জন্মদিন অনুযায়ী)

41 বছর

বয়স প্রমানে সাটিফিকেট ধরন

NET

জন্ম তারিখ

011121984

২. (ক)

স্থায়ী ঠিকানা

Same as above

কোড

২. (খ)

মমিনির পূর্ণ নাম ও ঠিকানা

বয়স

সম্পর্ক

Meheta Zaka

10

Daughter

মমিনি যদি অগ্রাধিকার বয়স্ক হয় তাহলে তার স্থলাভিষিক্ত ব্যক্তির নাম ও ঠিকানা

বয়স

সম্পর্ক

স্থলাভিষিক্ত ব্যক্তির স্বাক্ষর ও সাক্ষাত

Md Siam Ashrafy

Brother

-Signature

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
81A IF	100000	—	—	100000	—	5261
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		
Business				Proprietor		
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?		
S.S.C		200000/-	Business	TIN NO: NID NO: 2359897846		
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				NA		
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a) Withdrawn, Deterred, Dropped or Declined?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:			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.

Family History	Living		Dead	
	Age	State of Health	Age at death	Cause of death
Father			50	old
Mother			55	old
Brothers Living 2	50 43	Good		
Dead				
Sisters Living 3	54, 48 45	"		
Dead				
Wife/Husband				
Children Living 5-2 D-1	19, 16 09	Good		
Dead				

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	

h) Do you use or have you ever used:					
(i) Alcoholic drinks			✓		
(ii) Narcotics			✓		
(iii) Any other drugs			✓		
(iv) Tobacco in any form			✓		
(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?			✓		
12.	In non-medical cases, please state exact Height in Cms, and Weight in Kgs. (without shoes)	Height (in cms)	Weight (in Kgs)		
		5-3	62 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		
	No	27/11/2015			
13. (B)	Husband's full name		Late Md Mamun		
	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:		e) Name and Address of your bank:		
	a) Type of Account-Saving / Current				
	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, _____ 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 Dhaka on the _____ day of _____ 20____

Signature of Witness [Signature]
 Name Ummi Sabreena
 Occupation Service
 Address Dhaka

[Signature]
 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]
 Signature by Policy Holder

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)

Government of the People's Republic of Bangladesh
Office of the Birth and Death Registrar
Padmakar Union Parishad

RDR Form -3

Upazila: Jhenaidah Sadar
District: Jhenaidah, Bangladesh

Birth Registration Certificate

[Note to rules 9 and 10]
(extracted from BR Book)

Register No: 11

Date of Issue: 22/02/2022

Date of Registration: 22/02/2022

BR Number:

2	0	0	5	4	4	1	1	9	6	8	0	3	0	1	5	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Name:

MD SIAM ASHRAFY

Date of Birth:

1	1	1	1	2	0	0	5
---	---	---	---	---	---	---	---

Sex: Male

In Word:

11th Nov, 2005

Order of Child: 1

Place of Birth:

Jhenaidah

Permanent Address:

Louhjong, Hatgopalpur, Ward-5
Padmakar, Jhenaidah Sadar, Jhenaidah, Khulna Division

Father's Name:

MD MAMUN

Father's BRN:

19724411968030151

Father's Nationality: Bangladeshi

Father's NID:

2694266795014

Mother's Name:

JESMEN BEGUM

Mother's BRN:

19844411968030152

Mother's Nationality: Bangladeshi

Mother's NID:

2359897846



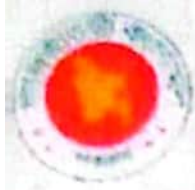
Seal of Registrar Office

[Signature]
Shamul Karim Biswas
Secretary

(Verified by)

11/11 Padmakar Union Parishad
Jhenaidah Sadar, Jhenaidah.

[Signature]
(Signature and seal of the Registrar)
Bikash Kumar Biswas
Chairman 22/2/22
11/11 Padmakar Union Parishad
Jhenaidah Sadar, Jhenaidah



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

01 Dec 1984



নাম

জেসমিন বেগম

Name

JESMIN BEGUM

পিতা

আব্দুস সাত্তার

মাতা

সাহেরা বেগম

Date of Birth 01 Dec 1984

NID No

235 989 7846

জিয়াউর রহমান

