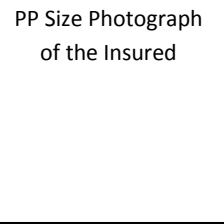




Protective Islami Life Insurance Ltd.

Insurance Application Form

(To be filled by Employees of Organization)



Name of Proposed Insured:

Father's Name:..... Mother's Name:.....

Date of Birth : (dd/mm/yy)...../...../..... Designation.....Mobile No:.....

Nominee Name:.....

Mailing Address :

Sex: Male Female Height (cm)..... Weight (kg).....NID:.....email:.....

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you now in good Health & entirely free from any physical impairment or deformities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had or been advised to have a blood test for AIDS or an AIDS related conditions or have you ever been Refused as a blood donor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has any proposal for insurance/application for revival of a policy on your life been declined/postponed/withdrawn or accepted with extra premium or any restrictive clause or on terms other than proposal ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) For Females only :
Since the date of your applying for Life insurance with PILIL :
a. Are you pregnant or not ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you any history of Cancer, leukemia Hodgkin's disease, lymphoma, brain or spinal tumours including benign brain or spinal growths ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Do you have history of Heart disease, including heart attack, angina, cardiomyopathy (a condition of the heart muscle) or heart valve disorder, Bypass surgery (last 1 yr) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Do you have history of Stroke, brain hemorrhage, paralysis, transient ischemic attack (mini stroke)or any permanent brain injury ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Do you have history of Mental illness that has required psychiatric or hospital assessment or treatment, schizophrenia, bi-polar disorder, manic depression ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Disease or disorders of the liver or pancreas, including cirrhosis or pancreatitis? | <input type="checkbox"/> | <input type="checkbox"/> |

DECLARATION

The forgoing statements and answers are full, complete and true & I have not concealed any information's .I agree that they shall be the basis of insurance for me and the Protective Islami Life Insurance Limited shall not be liable for any claim of Death ,disability, hospitalization & Outpatient the cause of which was known prior to approval of my request for assurance and withheld or concealed in the above statements. I hereby authorize any physician , nurse , hospital official or employee to disclose to the Protective Islami Life Insurance Limited any information it requests about me with reference to any treatments, examinations , advice or hospitalization.

.....
Signature of Proposed Insured / Applicant

.....
Date (DD/MM/YY)

Witnessed by :
Name of Organization Official

.....
Signature & Seal of the Official