



## FINANCIAL QUESTIONNAIRE (online)

(To be filled by the proposer/Applicant)

ProposalNo: \_\_\_\_\_

a. Full name of Life to be Insured: \_\_\_\_\_

b. Full Name of Proposer: \_\_\_\_\_

c. Occupation:  Self Employed     Salaried     Housewife     Student     Others (give details) \_\_\_\_\_

1. Please provide accurate information of the annual income of insured for last 3 years. Please tick the relevant source of information:

IT Returns     Computation of Income     Audited individual accounts     Self Assessment

Source of Income	FY ___ __	Document submitted (Yes/No)	FY ___ __	Document submitted (Yes/No)	FY ___ __	Document submitted (Yes/No)
Salary						
Business						
Rent from Property						
Agricultural Income						
Investment Income						
Other sources (pls. specify)						
Total Income						

2. Please give details of all existing & applied covers with other Life Insurers on all family members:

Relation with Proposer	Name of Insurer	Type of Policy and Policy no.	Year of Issue	Sum Assured	Annualized Premium

3. Please estimate the value of your personal Assets and Liabilities (Net worth):

Assets		Liabilities	
Property		Loans	
Mutual Fund/ Equity		Mortgages	
Bank Deposits, Company Deposits		Business Loans	
Others (Pls. specify)		Others (Pls. specify)	
Total Assets		Total Liabilities	

4. BUSINESS DETAILS (to be completed by Self Employed Individuals only):

Name of the Company/Partnership Firm: \_\_\_\_\_

Commencement Date of the Business: \_\_\_\_\_

Proposed Insured's Ownership in the Co.: Invested Equity in the Company: Rs \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Main Duties of the Proposed Insured in the Co.: \_\_\_\_\_

Declared Profits of the Company as per audited A/Cs		
Year	Year	Year
Rs.	Rs.	Rs.

**Declaration by the Proposer:**

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute a part of my application for life assurance with Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd and that failure to disclose any material fact known to me may invalidate the contract.

Date & Place:

Signature of the Proposer:

**Declaration in case Life To Be Assured signs in Vernacular / Thumb Impression:**

I have read out and fully explained the contents of the questionnaire and he/she has understood the same. I have truthfully recorded the replies given by the proposer and that the proposer has affixed the signatures/thumb impression above after fully understanding the contents thereof.

Date & Place

Name and Signature of Declarant