

Foreign Life Questionnaire To Be Completed By The Life To Be Assured

IMPORTANT NOTICE You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy if issued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

Application No. : _____

Name of Life Assured : _____

Name of Policy Holder : _____

No.	Questions	Details
1	<u>NATIONALITY</u>	
	a) Country of origin?	
	b) For Married applicant only Does your spouse reside with you in Indonesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is your spouse Indonesian?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details of your spouse's occupation If "No", please provide details of your spouse's nationality
	Do you have any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which country (ies) do they go to school?
	Do you have any family members in Indonesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details
	c) In which country do you have permanent or temporary residence status and if so what exactly your official residence status and when did you acquire or last renew that residence status?	
2	<u>RESIDENCE</u>	
	Are You residing in Indonesia ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", since when? (months/years)
	Intended length to stay in Indonesia?	(years)
	Currently, where is your permanent place of residence?	
	In what other countries have you lived and worked during the past 5 years?	
	From (dd/mm/yyyy)	To (dd/mm/yyyy)
	Country	City
	Occupation	Reason of being there

No.	Questions	Details
3	<u>FINANCIAL BACKGROUND</u>	
	a) In which country (ies) are you employed?	<input type="checkbox"/> Employment Pass <input type="checkbox"/> Student Pass
	b) What is your official status in Indonesia ?	<input type="checkbox"/> Dependent pass <input type="checkbox"/> Social pass <input type="checkbox"/> Others (please elaborate) _____
	c) What is your annual earned income?	
	d) Do you have the following financial interests in Indonesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide type of account and name of bank
	Bank account	
	Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide estimate market value
	Property	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide nett market value and the location
	Business Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , please provide details
	What is your reason for taking up insurance cover in Indonesia rather than your home country?	

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 shall constitute the basis of my application for assurance and that failure to disclose any material fact known to me may invalidate the contract.

Tanggal : _____

Name & Signature of Life to be Assured / Proposer