Life Insurance Division

Proposal Form for Pho Mo Joint Life Policy

(Answers must be given truthfully for the contract to be valid. Strokes, dots, and dashes will not be accepted as answers)

1. General Details			
Branch		Date of Proposal	DD/MM/YYYY
Sales Executive Name		SE/DO Code	
Is proposer employee/sales executive of RICB?		Yes	No

2. Proposer's and Joint Life's Details		
Particulars	Proposer	Joint life
Name (As per CID)		
CID No		
Date of Birth	DD/MM/YYYY	DD/MM/YYYY
Age		
Age proof		
Nature of job		
Source of income & Monthly Income		
Qualification		
Contact No		

3. Policy Details				
Table/Term	Sum Assured	Mode of payment	Accident Benefit (Yes/ No), If yes, please specify the AB Sum Assured.	Installment Premium (Nu.)

4. (a) Nominee's Details					
Name	Citizenship ID No	Relationship to policyholder	Age	% of Share	Contact number

(b) If the nominee is minor (Please state the name of the person whom you wish to appoint to receive the policy money in the event of the claim arising during the minority of the nominee.

Name of Appointee	Citizenship ID No	Relationship to policyholder	Age	Contact number

5. (a) State below the details of proposer's previous policies.						
Policy No.	Insuring Agency	Sum Assured	Product	Year of Issuance	AB Covered?	Policy Status
				YYYY		
				YYYY		
				YYYY		

(b) State below the details of Joint Life previous policies.						
Policy No.	Insuring Agency	Sum Assured	Product	Year of Issuance	AB Covered?	Policy Status
				YYYY		
				YYYY		

6. Personal History	Proposer	Joint Life
What has been your usual state of health?		
Any physical impairment or deformity? If so, give details.		
Blood Pressure		
Height &Weight		

7. Medical questionnaires (Please tick) for Proposer and Joint Life

Proposer		Has the Proposer OR Joint Life ever had or been diagnosed, treated or experienced any of the following?	Joint Life	
Yes	No	**a. Respiratory System**: Cough more than three weeks, asthma, pneumonia, spitting of blood, tuberculosis or any other diseases of lungs?	Yes	No
Yes	No	**b. Cardiovascular System**: High or low blood pressure, chest pain, breathlessness, palpitation, or any other diseases of the heart or arteries?	Yes	No
Yes	No	**c. Digestive System**: Stomach ulcer, jaundice, chronic diarrhoea or any disease of stomach, liver, spleen, gall bladder or pancreas?	Yes	No
Yes	No	**d. Renal System**: Any disease of kidney, prostrate or urinary system?	Yes	No
Yes	No	**e. Nervous System**: Paralysis, mental illness, epileptic fits, loss of consciousness or any kind of nervous disorder.	Yes	No
Yes	No	f. Hernia, varicose veins, skin diseases, goitre and sexually transmitted disease (STIs)?	Yes	No
Yes	No	g. Cancer, joint pain, gout, enlarged glands or tumours?	Yes	No
Yes	No	h. Any disease of the ear, nose, throat or eye?	Yes	No
Yes	No	i. Have you ever suffered from diabetes?	Yes	No
Yes	No	j. Have you ever had head and spinal injury or accident requiring operation under general anaesthesia?	Yes	No
Yes	No	k. Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine for certain medical requirements/conditions?	Yes	No
Yes	No	l. Do you or have you ever used alcoholic drinks, narcotics or any other drugs?	Yes	No
Yes	No	m. Are you currently suffering from any illness, medical condition, or symptoms, or receiving any medical treatment or taking medication?	Yes	No

Referring the question numbers clearly, provide detailed explanation for each "Yes" answers describing fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment and doctors consulted:

Proposer	Joint Life

8. Additional questions for FEMALE proposer

Are you Pregnant now?	Yes	No	If yes, how many months?	
Have you suffered or are you suffering from any diseases of breast, ovaries or uterus? If yes; provide detail:			Yes	No

9. Standing Instruction (If the premium is to be deducted from the policyholder's account)

From client A/C No.		To RICB A/C No.	
Bank Name		Bank Name	
Start Date	DD/MM/YYYY	End Date	DD/MM/YYYY

10. Standing Instruction (If the premium is to be deducted from the account of a person other than the policyholder)					
From client A/C No		Occupation		Working Address	
Bank Name		Monthly Income			
A/ C Holder Name		Source of Income		Permanent Address	
CID No		Start Date	DD/MM/YYYY		
Mobile No		End Date	DD/MM/YYYY		
**Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations):		Yes ☐	To RICB A/C No		**Signature of A/C holder**
		No ☐	Bank Name		

DECLARATION BY THE PROPOSER

I/We.....for whom and on whose behalf, proposed to assure the life under this policy herein before, do hereby declare that the statements and answers have been given by me after fully understanding the questions and the same are true, completed in every particulars and that I have not withheld any information. Further, 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 Royal Insurance Corporaion of Bhutan Limited and that if any untrue averment be contained therein, the said contract shall be null and void *ab initio* and all money which shall have been paid in respect thereof shall stand forfeited to the Company. Furthermore, I/We hereby give my full consent to the Company for sharing my personal information including the policy details with Royal Monetary Authority for Credit Information Bureau or any statutory authorities established by the laws of the Kingdom or required by the laws of the Kingdom.

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 any kind whatsoever in the policy contract issued to me, I hereby agree, that such authority having such knowledge or informatiuon, shall at any time be at liberty to divulge any such knowledge to the Company.

And I further agree and declare that after the date of submission of the proposal but before the issue of the Policy Document:

i. If there is any change in my occupation or any adverse cirsumstances connected with financial position or general health of myself or that any member of my family occurs; or

ii. If proposal for assurance or an application for revival of a policy on my life made to any Office of the Company has been withdrawn or dropped, deferred or declined, or accepted with an increased premium or subject to the lien or on terms other than as proposed;

I shall forthwith intimate the same to the Company in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do shall render this assurance and all money, which shall have been paid in respect thereof, shall stand forfeited to the Company.

Customer Privacy Consent

I/We consent to RICBL collecting, using, storing, verifying, updating, and sharing my/our personal data and KYC details for services, due diligence, compliance, audit, and lawful business purposes.

I/We understand that RICBL will protect my/our data, share it only where required or permitted, retain it as needed, and allow access, correction, update, or withdrawal of consent, where applicable. Withdrawal will not affect legal, regulatory, contractual, claims, audit, or legitimate business processing.

In WITNESS WHEREOF I make this solemn declaration conscientiously and cause it to be executed herein at ..... Dated on ..... day of ..... month and year.....

Signature of Witness		**Signature or thumb impression of the proposer**	**Signature or thumb Impression of the Joint Life**
Name			
CID #			
Mobile #			
Address			

(If it is a thump impression, it has to be attested)

NB: If in these forms, the answers to the questions are/is in vernacular then he should declare in his own handwriting above his signature(s) that all questions were explained to him and that his responses to the questions were given after fully and properly understanding the same.

1) If the person filling in the form is other than the proposer, such person should make this declaration.

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 the Proposer

Name and Address of the declarant	
Signature	

2) In case the Proposer is illiterate

The thumb impression of the proposer should be attested by person of a social standing whose identity can easily be established, but unconnected with the Company and the same person must execute the following declaration: I hereby, declare that I have explained the contents of the proposal form to the Proposer in (Language) …… and that I have read out to the Proposer the answers to the questions dictated by the Proposer, and that the Proposer has affixed this thumb impression to the proposal form after fully understanding the contents and consequence thereof.

Name and Address of the declarant		Signature	

FOR OFFICIAL USE BY RICB				
RICB Branch Name		Date of submission	DD/MM/YYYY	
Mean Age*		KYC completed (Yes/No)		Verified by (EID No. & Signature):

**** All forms and supporting documents related to this proposal form must be verified by authorized RICB officials at the time of acceptance of the proposal.*

Document Check list:

1. CID copy of Policyholder, Joint Life, Nominee/s & Appointee (*in case Nominee is minor).*
2. Proof of relationship between the Nominee and the Policyholder, and proof of relationship between the Appointee and the Policyholder.
3. KYC form, if not submitted earlier.
4. Special Report (for Direct Business) / Agent's Confidential Report (for Agent Business).
5. Premium Calculation sheet.
6. Special Report (for Direct Business) / Agent's Confidential Report (for Agent Business).
7. Confidential Underwriting Assessment Report *("Required for age >45 years with SA ≥ Nu. 300,000 and age <45 years with SA > Nu. 500,000. Otherwise, as determined by the Underwriter/Branch Manager based on risk).*
8. Any other documents as may be required by the Company.