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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

“Your partner for growth and security”

PROPOSAL FORM FOR LOAN CARE-GROUP POLICY

Form No.7

(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	
Sales Executive Name		Previous Sum Assured	
Agent/DO Code		Total Sum Assured	
Employee/Sales Executive of RICB	YES		NO

2. General Details			
Name of Proposer		Contact No.	
CID No.		DoB	
Gender		Village	
Gewog/Throm		Dzongkhag	

3. Loan Details			
Loan account no.		Policy Term	
Date of enrollment		Mode of payment (Single/Annual)	
Sum Assured (Nu.)		Rate of Interest (Annual/Single)	
Period of Insurance		Premium Amount (Nu.)	

4(a) Nominee(S) Details					
If the proposer wishes to nominate a person whom the money secured by the policy applied for are to be paid in the event of death. Please state full name of the nominees.					
Name of Nominee	Citizenship ID #	Relationship	Age	% of Share	Contact number

DECLARATION BY THE PROPOSER

I/Wefor 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 Corporation.

Furthermore, I/We hereby give my full consent to the Corporation 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.



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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		Seal and Signature of the organization
Name		
Mobile #		
Address		
CID #		

FOR OFFICIAL USE BY RICB			
RICB Branch Name		Date of submission	
Proposal Number		KYC completed (Yes/No)	
Verified by (EID No. & Signature):			

Note: Attach Premium Calculation sheet.