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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

"Your partner for growth and security"

Life Insurance Division

Proposal Form for Quende Ngensung 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			
Date of Proposal	DD/MM/YYYY	Focal person name	
Name of Financial Institute		Bank Email Id	
Address		Contact No	

2. Proposer's Details	
Full Name (As per CID)	
Valid CID No	
Date of birth	DD/MM/YYYY
Contact No	
Age of the proposer	
Address	

3. Loan Details			
Loan account no.		Policy Term (Min 1 to Max 20 years)	
Date of enrollment	DD/MM/YYYY	Mode of payment (Single/Annual)	
Sum Assured (Nu.) (Min Nu. 10,000 to Max Nu. 10,000,000)		Rate of Interest (Annual/Single)	
Period of Insurance		Premium Amount (Nu.)	

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.......

Date	DD/MM/YYYY	**Signature of policy holder**	**Seal and Signature of the organization**
Place			

(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.

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

Document Check list:

1. CID copy of the proposer.
2. Any other documents as may be required by the Company.