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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

“Your partner for growth and security”

PROPOSAL FORM FOR QUENDE NGENSUNG LIFE 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				
Date of Proposal		Focal person name		
Name of Financial Institute		Bank Email Id		
Address		Contact No		
Phone No		KYC Completed	Yes	No

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

3. Loan Details			
Loan account no.		Policy Term (Min 1 to Max 20 years)	
Date of enrollment		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/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
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Signature of policy holder		Seal and Signature of the organization
Date		
Place		

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