AVIVA
Life Insurance

NRI Questionnaire

LIFE INSURED DETAILS

Proposal Number

Full Name

Date of Birth D D M M Y Y Y Y **Nationality** ☐ Indian ☐ NRI ☐ Foreign National ☐ PIO

Country of Permanent Residence

Country of Current Residence (Abroad) along with Address

Passport No

Place of Issue

Validity till D D M M Y Y Y Y Duration and Purpose of Stay Abroad

Date of Issue D D M M Y Y Y Y Visa Status (Dependent/Working/Visiting)

Visa validity till D D M M Y Y Y Y

Latest entry date in India (As per visa) D D M M Y Y Y Y Exit date from India D D M M Y Y Y Y

DECLARATION

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 proposal.

I fully understand that all the remittances under this proposal/policy shall be in Indian Rupee Currency and those currency fluctuation risks, if any, accruing there under, shall be borne by me and that this proposal for insurance is subject to the jurisdiction of India and the laws prevailing in India.

I agree that this form will constitute part of my proposal for life insurance and that failure to disclose any material fact known to me may invalidate the contract between the Company and me.

Signature of the Life Insured

Signature of the Proposer/Policyholder

Aviva Life Insurance Company India Limited
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