

**PROPOSAL FORM -
PRAVASI BHARTIYA BIMA YOJANA**



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.
Tel. : 022-41659800 / 900, Email : contactus@universalsampo.com

Intermediary Name, Contact No, Code & Email	Intermediary Sales Persons Name, Contact No & Code	Source Code/POS UID Aadhar No./PAN	Policy Issuing Office Address & Code

IMPORTANT NOTICE:

This Proposal Form must be completed and signed to the best of the proposer's knowledge and belief and all material facts must be disclosed.

- A material fact is one of that is likely to influence the acceptance or assessment of the Proposal.
- Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-cooperation by the insured will nullify the cover under the policy issued.

I. Personal Details :

a) Name :

b) Father/Spouse's Name :

c) Gender : Male : Female : Third Gender :

d) Date of Birth : DD MM YY YY

e) Height : ft. inch (cms.) Weight : lbs Kgs

f) Passport No. :

g) a) Date of Issue : DD MM YY YY b) Place of Issue :

h) CKYC No.:

i) Type of Visa Held :

j) Address of the Proposer in India :

Pin Code : Tel. No. :

k) Details of Spouse and / or Children of the Proposer (Maximum Two)

Name	Date of Birth
Spouse : <input type="text"/>	<input type="text"/>
1 st Child <input type="text"/>	<input type="text"/>
2 nd Child <input type="text"/>	<input type="text"/>
b) Address : <input type="text"/>	
<input type="text"/>	
<input type="text"/>	Tel. No. : <input type="text"/>

i) Emigration Check Required :Y/N

ABHA ID (Ayushman Bharat Health Account)

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

2. Employment Details :

a) Country of Employment :

b) Address in Country of Employment :

Tel. No. :

c) Name & Address of work place the proposer is attending :

Tel. No. :

d) Brief details of Employment to be Undertaken : _____

_____ Tel. No. :

e) Period of Contract From : To

(Note : please attach attested copy of thr appointment letter of oversea employer)

