



# LIC

भारतीय आयुर्विमा महामंडळ  
भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Divisional Office \_\_\_\_\_

Form 'C'

Branch Code : \_\_\_\_\_

## QUESTIONS TO BE ANSWERED BY NON-RESIDENT OF INDIA FOR LIFE INSURANCE.

Name of the Life to be Assured : \_\_\_\_\_

Proposal No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_

1. Your Nationality :
2. a) Your country of permanent residence :  
b) Date from which you became a permanent resident of country mentioned in (a) above. :
3. a) Date of leaving India for the first time. :  
b) Details of exchange facility availed of. :  
c) Full particulars of Reserve Bank Permit Number. :  
d) Visa Status ; If any :  
e) Name of the Office of the Reserve Bank which granted above facilities :
4. Duration of your stay abroad. :
5. a) Purpose of your stay abroad. :  
b) Are you gainfully employed abroad? :  
c) Your monthly income from employment in the foreign country (including Scholarship, Assistantship etc. for those who are students or trainees) Please enclose true copies of the appointment letter received from Government or your Educational Institution. :
6. a) Passport Number :  
b) Date of issue :  
c) Place of issue :  
d) Date of birth :
7. Whether you hold any Bank Account in India and if so, whether it is a Resident Account, or Non-Resident Account. Furnish Full details thereof :
8. The source from which the premiums will be paid :
9. Please indicate by which of the following manner you propose to remit the premiums to LIC of India  
a) By direct remittance from the country of your residence to India through Banking channels (preferably by Rupee Draft in favour of LIC) OR by remittance through postal channels like foreign money orders. :  
b) By cheques drawn on your Non-Resident (External) or Foreign Currency (Non-Resident) Account with Bank in India. :  
c) By cheques drawn on your Resident / non-resident Account. :



- d) By cheques drawn on account maintained by resident Parent or Spouse of the policy-holder in their name or joint name with other close relatives. :
- e) In case of bonafide students, premium can be accepted, if paid in India by somebody else on behalf of the life assured. :
- f) By any other manner (please specify) :
- 10. Your full address in the country of your residence abroad. :
- 11. Since in accordance with the exchange control regulation the policy cannot be exported out of India. State full name and address of an Indian National permanently residing in India to whom policy may be despatched. :
- 12. Date of your leaving India/Date you left India (Current Visit) :
- 13. If you are a student, state the nature and full details of your studies. :

I, \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every respect and I am agreeable for treating this as a part of the original Proposal Form. I am also aware that claims of any nature arising under the policy will be settled in Indian currency in India only. I have taken note of the restrictions applicable as given in the enclosed annexure.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

SIGNATURE OF THE LIFE TO BE ASSURED

- WITNESS :
- Name :
- Address :
- Designation :
- Signature :