



Life Insurance Corporation of India

AHMEDABAD DIVISIONAL OFFICE
(ANTICIPATED / CLAIMS - DEPT.)

**THIS QUESTIONNAIRE FORM IS TO BE COMPLETED IN
DUPLICATE FOR NON RESIDENT SERVICING POLICY**

Ref : _____ Claims/Sr.No. _____

Re. Pol. No. _____

Matured/Anti. Inti. Inst. due on _____
on the life of _____

1. Your Nationality & Country of domicile. _____
2. Your Permanent country of residence _____
3. Date of Leaving India for the first time and name of country. _____
 - (a) Date of returning to India for the first time. _____
 - (b) Date of leaving India for the time. _____
4. Your full residential address in the foreign country. (At Present) _____
5. Purpose of your stay abroad _____
6. If employed in the foreign country please give
 - a) Date of joining the service. _____
 - b) Your Designation. _____
 - c) Name of your employer. _____
 - d) Full address of your employer. _____
7. Duration of your stay abroad. _____
8. Date of returning to India. _____
 - a) Name of country from where returned. _____
 - b) Whether permanently or Temporarily. _____
9. Your Permanent address in India. _____
10. Do you hold any Bank Account in India ? If so, please state :
 - a) Name of the Bank & its address _____
 - b) Whether it is Resident Account or Non Resident Account. _____
 - c) Account Number. _____
 - d) If it Non Resident Account please state whether it is external or ordinary Account ? _____

(P.T.O.)

11. Particulars of Premiums :

How Premium has been paid from inception.

a) By you during your stay in India

Premium _____

Due _____

to _____

b) After departure from India :

Due _____

i) To LIC's Foreign Br. Office :

to _____

ii) By Bank drafts/M.O./Postal Orders/
Mail Transfers from Country of
residence to India.

Due _____

to _____

iii) From your resident/Non-Resident
Bank A/c in India with _____

Due _____

to _____

iv) By person named below in India on
behalf of you.

Due _____

Name and full address _____

Relationship with you : _____

Source of Fund from which payment was made _____

v) Particulars of Reserve Bank's approval if any, if payment of premium is
covered by (ii) (b iv) _____

12. Details of exchange already availed

of by you under the immigration

facility, quoting particulars of

Reserve Bank of India's approval _____

13. By which office or R.B.I.

immigration facilities granted. _____

14. Name of country where you desire

us to make the payment of claim

amount. _____

15. If you desire to authorise us to

make the payment of claim-amount

in india to any one of your relatives

such as wife, son, daughter, father,

mother, sister, brother. Please let

us know.

a) Full name address of
the relative. _____

b) His/her relation with you. _____

c) Purpose of authorising. _____

PLACE :

DATE :

WITNESS BY A NOTARY OF PUBLIC :

Signature _____

Seal _____ (Signature of the Assured/Claimant)

Address _____

