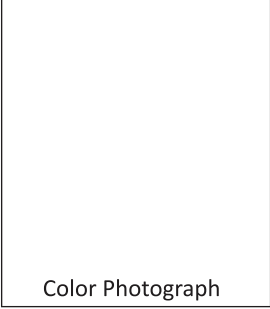


# Astha Life Insurance Company Limited

## Confidential Personal Data



**For office use only**

Code no:

IDRA Code:

### Personal Information

Name ( in English ) : \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Date of birth :  /  /  Sex:  Male  Female Marital Status:  Single  Married

Nationality : \_\_\_\_\_ National ID Type: \_\_\_\_\_ ID No.: \_\_\_\_\_

Present Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Mobile Number : \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

Email: \_\_\_\_\_ Blood Group: \_\_\_\_\_

**Note: Please mention - Village, Post office, Thana & District when you are writing Present/Permanent Address.**

### Work Experience

1. Have you worked (or Currently working) with any other insurance Company?  Yes  No. If Yes, mention the name of the company: \_\_\_\_\_ Designation: \_\_\_\_\_ From  /  /  To  /  /

2. Other than above, have you any past or recent engagement(s) with other company?  Yes  No. If Yes, mention the name of the company: \_\_\_\_\_ Designation: \_\_\_\_\_ From  /  /  To  /  /

### Education

Degree	Group/Subject	Board/University	Passing Year	Result

### Training

From	To	Training Name	Institute Name

### Medical Record

Have you consulted a physician within the past five years? If so please mention:

Illness or Injury	Date	Duration	Result	Physician's Name, address & Phone Number

### Referee Details

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Code no:

## Bank A/C Information

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

## Nominee Details

Sl. No.	Nominee's Full Name	Relationship with Applicant	Address	Age	Share In (%)	Photo ID Number of Nominee

If any of the nominee(s) designated above remain(s) a **minor (less than 18 of age)** at the time of your death while in contract with the Company, the following individual(s) is/are authorized to receive your final financial settlement proceeds on behalf of **the minor(s) as guardian(s) of the minor(s)**:

Sl. No.	Nominee's Full Name	Guardian's Full Name	Relationship with Minor	Address of Guardian	Age

**Note:** Please submit one passport size photograph of your nominee(s) with name of the nominee(s) on the back and sign of the applicant and also submit a photocopy of the NID / Birth Certificate / Passport of the Nominee(s).

Photo of Nominee One	Photo of Nominee Two	Photo of Nominee Three	Photo of Guardian One	Photo of Guardian Two
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## References

**This section must be filled by two professionals/businessmen, who know the Applicant well enough:**

Referee 1: Name:	
Address:	
Mobile Number:	
1. Are you associated with Astha Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you relation of this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How long have you know him/her?	_____ Years
4. Do you consider him/her honest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does he bear a good moral character?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2: Name:	
Address:	
Mobile Number:	
1. Are you associated with Astha Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you relation of this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How long have you know him/her?	_____ Years
4. Do you consider him/her honest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does he bear a good moral character?	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ **The information provided by you, will be kept confidential by the company.**

I affirm that the facts set out above are true to the best of my knowledge and I fully understand that any false information given may result in disciplinary actions including termination of my Agreement. I also declare that, the company has the right to store and use the information provided by me.

Witness:   
 Name and Signature

Applicant's Signature  
 (Sign inside the box)



# Astha Life Insurance Company Limited

## (Army Welfare Trust)

