

Dear Clients,
we kindly ask you to fill this form and revert
to allow us to prepare a quotation for you.

## **Term Insurance**

Proposal Form

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## Term Insurance Proposal Form

Date

Signature of Proposer



## 1. Name and address of Proposer

First Name	Surname				
Area	Street				
Villa / Building	No.		Emirat		
2. Insured Person					
		ı			
Insured Person		Birth Date		Gender	Status
3. Insurance-specific information					
Insurance sum / Life cover					
Desired Monthly Amount Saved					
Smoker			□ <u>y</u>	/es □ no	
Several diseases (e.g., cancer, heart problem)			ر 🗆	/es □ no	
If YES please give details:					