

Life Insurance Application Form

INSTRUCTION

To be completed by all applicants

PERSONAL DETAILS

Surname	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex	Marital status <i>(please tick)</i>
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other

Occupation

Employer	Business address
<input type="text"/>	<input type="text"/>

Telephone no.	Cell phone no.
<input type="text"/>	<input type="text"/>

Date of birth
<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

Email

Current residential and postal address

Place of birth

Fax no.

Next of kin

Name

Telephone no.

Address

Existing Insurance

• Do you have any assurance on your life? Yes No

• Policy number and commencement date if with GLICO Policy number Commencement date

• Have you ever made a claim under any existing/previous policy? Yes No
Policy number

Has your proposal for any life policy ever been accepted with an extra premium?
Yes No Day / Month / Year Company

Has your proposal for any life policy ever been declined? (If so, when and by which company)
Yes No Day / Month / Year Company

MORTGAGE DETAILS

1. Cost of property (\$)

3. Loan term (years)

2. Loan amount (\$)

2. Sum to be assured (\$)