

Travel & Residence Questionnaire

To be completed by the Life Assured with regards to the travels accomplished in the last one year

Proposal No \_\_\_\_\_

Sr.No	Dates of Travel (Starting from and To)	Start Destination from Country of Permanent Residence	End Destination Country	Places Visited	Duration of Stay outside the country of Permanent Residence
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I declare that the answers I have given are true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Date :

Place :

\_\_\_\_\_  
Signature of the LA

Name of the LA : \_\_\_\_\_