



# Pragati Life Insurance Limited

Pragati Insurance Bhaban, 20-21 Kawran Bazar,  
Dhaka-1215, Bangladesh.

## Non Resident Questionnaire (প্রবাসী প্রশ্নমালা)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
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| 1. Applicant / Proposal Number (চৌহেচি বস্ট)                                                                                                                                                                                                                                                                                                                                                                                                                                         | (আইডি নং কজি য়) |
| 2. Name of the Proposed Insured (চৌহেচি বিগ)                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |
| 3. Nationality of Proposed Insured (চৌহেচি রিডিকি)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| 4. Full address of residence abroad ( with pin Code and contact number)<br>হেচি ক আবেচি চৌহেচি বিগ (হেচি কজি মন চৌহেচি বিগ)                                                                                                                                                                                                                                                                                                                                                          |                  |
| 5. Country of Permanent residence<br>(চৌহেচি এমেকি বিগ)                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |
| 6. Purpose of going abroad (হেচি ক হি ক বিগ) :<br>If for studies then please mention nature of studies<br>(হেচি ক বিগ বিগ বিগ বিগ বিগ)                                                                                                                                                                                                                                                                                                                                               |                  |
| 7. Country or Countries being visited with duration of stay<br>(আবেচি ক বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ)                                                                                                                                                                                                                                                                                                                                                                     |                  |
| 8. Do you intend engaging in any hazardous occupations or pursuits during your stay for example expeditions driving or any involvement in security activities?<br>If Yes, please provide full details<br>(হেচি ক বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ)                                                                                                                                                                                                                            |                  |
| 9. Annual income (এমি ক বিগ)<br>a) From employment (বিগ বিগ বিগ বিগ বিগ)<br>b) From other source (আবেচি বিগ বিগ বিগ বিগ)                                                                                                                                                                                                                                                                                                                                                             |                  |
| Total Income (এমি ক বিগ) t                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |
| 10. Detail of Existing Insurance outside Bangladesh<br>(এসজি বিগ ক বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ বিগ)<br>a) Name of the Company (বিগ বিগ বিগ বিগ বিগ)<br>b) Policy / Proposal No. (বিগ বিগ/ চৌহেচি বস্ট)<br>c) Basic Sum Assured (বিগ বিগ বিগ বিগ)<br>d) Year of Issue (বিগ বিগ বিগ বিগ বিগ)<br>e) Acceptance Terms (বিগ বিগ বিগ বিগ বিগ)<br>( Standard/ Extra/ Postponed / Declined)<br>(বিগ বিগ বিগ বিগ/ বিগ বিগ বিগ বিগ/ বিগ বিগ বিগ)<br>f) In Force/ Lapsed (বিগ বিগ/ বিগ বিগ) |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |
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| <p><b>11. Date of leaving Bangladesh for the first time with details of (côg wef` k Mgþbi we`wii Z weei b)</b><br/> a) Visa Status (wfmvi cKwZ):<br/> b) Passport number (cvmþcvø bv`vi) :<br/> c) Valid up to (tgqv` ) :</p>                                                                                                                                                                                                                                                                                                                                                                                        |                                     |
| <p><b>12. Date of leaving Bangladesh after current visit (eZøvb AvMgþbi ci evsj v` k þ`þK cøvþbi Zwi L)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |
| <p><b>13. Whether a resident /Non resident Bank A/C is Maintained (wbermw/Avbermw e`isK wmwie cwi Pj b Kþi b wK?)</b><br/> <b>If yes, Name and Address of the Bank A/C No. (hw` n`wunq, Zwtþj e`istþki bvg, wKvbu Ges wmwie b`st)</b></p>                                                                                                                                                                                                                                                                                                                                                                            |                                     |
| <p><b>14. Mode of payment for future premiums: (cieZx`cøgqv cøvb c`wZ)</b><br/> (i) By direct remittance(mi vmwi wef` k þ`þK tçY)<br/> (ii) Cheques drawn on your Non resident (External)/ Non resident A/C With Bank in Bangladesh. (w`þ` wK tþþki gva`tg/ `eþ` wK wmwte mi vmwi evsj v` þk A`cøb)<br/> (iii) By Cheques on A/C maintained by your resident Father/Spouse (wbf`þkxj / AvZþqi AvevmK e`isK wmwte i tþþki gva`tg ntþj)<br/> <b>For (ii) And (iii), Please furnish details of Name and Address of Bank, A/C No.</b><br/> (ii) Ges (iii) wmwte i tþþi we`wii Z weei Y Dþj E-Ki`b)</p>                   | <p>Please tick : (i) (ii) (iii)</p> |
| <p><b>15. Name and address of the person residing in Bangladesh to whom policy may be dispatched (Avcbvi cwi w msþvš`we l þq thvMvþhvþMi Rb` evsj v` þk emevmKvix e`w` i bvg l wKvbu)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |
| <p>Declaration: I hereby declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of this application. (þNvI Yv t Avwg GB gþg`þNvI Yv KiwQ th, Dcþi Dþj w`Z cøZ`KwJ Z` m`wK Ges m`uY`vte t`qv ntqþQ hv Avgvi cøvebv MøþY fwgKv ivLte </p> <p>Signature of Proposed Insured :.....<br/> (cøweZ Rxeb exgv Møþþki `vþi)<br/> Place (`vb) :<br/> Date (Zwi L) :<br/> Name and Address of the witness (mvþxi bvg l wKvbu) :</p> <p>Signature of the witness (mvþxi `vþi) :.....</p> |                                     |



**5. ASSETS (m=ú`)**

House/Other Property (eiox/Ab`vb` m=úÉ)Tk. \_\_\_\_\_

Motor Vehicles (hibeimb)Tk. \_\_\_\_\_

Investments/ deposits (weib`qm) Tk. \_\_\_\_\_

Shares, mutual funds (tkqvi /iqPqj diÚ) Tk. \_\_\_\_\_

Bonds/PPF (eÚ/cúf`WU diÚ) Tk. \_\_\_\_\_

Other Assets -specify (Ab`vb` m=ú` -wezi Z)

\_\_\_\_\_ Tk. \_\_\_\_\_

\_\_\_\_\_ Tk. \_\_\_\_\_

\_\_\_\_\_ Tk. \_\_\_\_\_

**6. LIABILITIES (`vq)**

Home Loan / Mortgage (eioxi FY/eÚKx FY)Tk. \_\_\_\_\_

Amount owing on vehicles, etc.(hibeimb` `vq BZ`w) Tk. \_\_\_\_\_

Personal Loans(e`w`MZ `vq) Tk. \_\_\_\_\_

Overdraft (A`wzi ` D`Évj b)Tk. \_\_\_\_\_

Other Liabilities-specify (Ab`vb` `vq-wezi Z)

\_\_\_\_\_ Tk. \_\_\_\_\_

\_\_\_\_\_ Tk. \_\_\_\_\_

\_\_\_\_\_ Tk. \_\_\_\_\_

**7. FAMILY LIFE STYLE (cwi ewi K Rxebari v)**

No. of Dependents (tcl` msl`v) : \_\_\_\_\_

Relationship (m=úK): \_\_\_\_\_

No. of Maid / Driver (Mn cwi Pwj Kv/WBFv`i i msl`v) : \_\_\_\_\_

Residential Property-if rented (eiox fioi-hw` \_v`K)

Monthly rental paid (gwmK cl` q fioi) : Tk. \_\_\_\_\_ Paid by (cl` q e`w`): \_\_\_\_\_

**8. BUSINESS DETAILS (e`emwqK weei Y)**

Proposed Insured's Percentage of Ownership in the Company (Avte` bKvi xi tKib cl`Zóv`bi gwj Kivri Ask) : \_\_\_\_\_

(Please also complete **PART II** if you own the company-tKib cl`Zóv`bi gwj K nj` c`U`2 c`Y Ki`b)

Commencement Date of the Business(e`emv` i`i` Zwi L) : \_\_\_\_\_

Number of Employees in the Company(cl`Zóv`bi Kgfl msl`v) : \_\_\_\_\_

Main Duties of the Proposed Insured in the Company (cl`Zóv`b Avte` bKvi xi cávb KvR) : \_\_\_\_\_

**PART II**

This part needs to be completed by all Self Employed / Individuals with Self Owned Business (D`f`i`v`v`gwj K w`b`R c`Y Ki`te)

**DETAILS OF BUSINESS INTEREST (e`emwqK Avtqi weei Y)**

Name of Company (cl`Zóv`bi bvg): \_\_\_\_\_

Name of Business (e`emvi bvg): \_\_\_\_\_

Nature of Business (e`emvi ai Y): \_\_\_\_\_

Position held and for how long(c` ex Ges tggv` KZ w` b hver) : \_\_\_\_\_

Authorized Capital (Abt`gw` Z gj ab): \_\_\_\_\_ Paid-up Capital (cwi tkwaZ): \_\_\_\_\_

Total Asset (tgvU m=ú) : \_\_\_\_\_ Total Liabilities (tgvU `vq): \_\_\_\_\_

Year (eQi) \_\_\_\_\_ Year(eQi) \_\_\_\_\_ Year (eQi) \_\_\_\_\_

Business Turnover(tj bti` tbi cwi gY) Tk. \_\_\_\_\_ Tk. \_\_\_\_\_ Tk. \_\_\_\_\_

Gross Profit (tgvU gprdv) Tk. \_\_\_\_\_ Tk. \_\_\_\_\_ Tk. \_\_\_\_\_

Depreciation Claimed (AePq) Tk. \_\_\_\_\_ Tk. \_\_\_\_\_ Tk. \_\_\_\_\_

Net Profit (wU gprdv) Tk. \_\_\_\_\_ Tk. \_\_\_\_\_ Tk. \_\_\_\_\_

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**DECLARATION**

**I/We hereby declare that to the best of my/our knowledge, the foregoing statements are true and complete and that such disclosures will form part of the basis of this Contract of life assurance (AwiG/Avgiv mÁv±b tNvIYv KiwQ th D±j wLZ mKj Z\_ mZ Ges cY½ hv Avgvi Rxeb exgvi Pm³±Z mnvqK nte).**

Signature of Proposed Insured (cÚve±Ki` v¶i): ..... Date: (DD/MM/YYYY).....

Signature of Applicant (iLv`Kvixi` v¶i): ..... (w¶v¶vE/wk` Dbqb exgvi t¶±Í cÚhvR) ..... Date: (DD/MM/YYYY).....

Signature of Agent (msMv±Ki` v¶i): ..... Date: (DD/MM/YYYY).....