



Investor Account Opening Form for Individual

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For Office Use Only

AMIM-01-2024

Day	Month	Year

Customer ID:	
Portfolio No.:	

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. FILL IN THE BLOCK LETTERS WITH BLUE/BLACK PEN

TYPE OF ACCOUNT:		☐ Single ☐ Joint ☐ Minor ☐ MTPF	
PRINCIPAL ACCOUNT HOLDER		(As per Identity Document i.e. CNIC/Passport)	
Name Mr./Mrs./Ms.			
Father's/Husband's Name:		Mother's Maiden Name:	
CNIC/NICOP/Passport No:		Issuance Date D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y	
☐ Single ☐ Married ☐ Muslim ☐ Non Muslim		Place of Birth: Date of Birth D D M M Y Y Y Y	
Nationality:		Dual Nationality: ☐ No ☐ Yes If Yes, please specify:	
Mailing Address:			
		City: Country:	
Current Address (as per CNIC):			
		City: Country:	
If Mailing Address is different from Current CNIC Address then additional document such as Utility Bill / Rental Agreement / etc. will be required			
Residential Status: ☐ Pakistan Resident ☐ Non-Resident ☐ Resident Foreign National ☐ Non-Resident Foreign National			
CONTACT DETAILS			
Email:			
Tel Res/Office:		Mobile: Mobile Network:	
IN CASE OF MINOR ACCOUNT		Name of Guardian:	
Relation with Principal:		Guardian CNIC: CNIC Expiry Date: D D M M Y Y Y Y	
BANK ACCOUNT DETAIL OF PRINCIPAL ACCOUNT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS			
Bank Account No. (IBAN preferred)			
Bank Name:		Branch: City:	
JOINT ACCOUNT HOLDERS (Joint holder can be Spouses, Siblings, Parents / Grand Parents and Children. Documentary evidence i.e., CNIC, Marriage Certificate, Family Registration Certificate (FRC), etc. may be required)			
Joint Holder 1		Relation with Principal: Customer ID (if any):	
Name			
CNIC/NICOP/Passport:		Issuance Date D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y	
Joint Holder 2		Relation with Principal: Customer ID (if any):	
Name:			
CNIC/NICOP/Passport:		Issuance Date D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y	
SPECIAL INSTRUCTIONS			
Account Operating Instructions: ☐ Principal Account Holder Only ☐ Either or Survivor ☐ Any Two ☐ All			
Dividend Mandate: ☐ Cash or ☐ Reinvest Stock Dividend: ☐ Issue Bonus Units or ☐ Encash Bonus Units			
Communication Mode: All communications will be sent electronically. If you wish to receive it physically, please tick mark ☐ Physical Communication.			
DETAIL ABOUT MEEZAN TAHAFUZZ PENSION FUND (MTPF) ACCOUNT (Applicable for MTPF Account Only)			
Expected Retirement Date D D M M Y Y Y Y		Note: For Pension Fund investments over Rs. 3 million, Health Questionnaire will be required for Takaful coverage.	
Select any one Allocation Scheme as per Risk Profile. For Allocation proportion and related details, visit our website.			
☐ High Volatility ☐ Medium Volatility ☐ Low Volatility ☐ Lower Volatility ☐ Life Cycle Plan			
☐ High Volatility with Gold ☐ Medium Volatility with Gold ☐ Low Volatility with Gold ☐ Lower Volatility with Gold ☐ 100% Gold			
Variable Volatility (Please select one) ☐ 100% Debt ☐ 100% Equity ☐ 100% Money Market			
Principal Account Holder		Joint Account Holder 1	
		Joint Account Holder 2	



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[illegible]



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GUIDELINES FOR INVESTORS

☐ Read and Understood

- Ensure that Bank Details, Email Address, Contact Number and other information are properly mentioned on the form.
- Ensure that you have reviewed the Fund Manager Report (FMR).
- Al Meezan does not offer any kind of fixed return on investments and all the investments are subject to market risk.
- You will receive a Welcome Letter on your provided address after materialization of Investment Account.
- You will receive an Investment Acknowledgment Letter on your provided email address after materialization of Investment amount.
- You will receive Daily/Monthly E-Statement on your provided email address (as applicable).
- In case of Minor account, it is the responsibility of the successor (where guardian is deceased) to distribute the shares among all other legal heirs in light of applicable Shariah guidelines as per your Fiqha following.
- In-case of MTPF account or singly operated (CIS) account, the deceased claim can only be made through Succession Certificate.
You will be entitled to avail the following, free Value Added Services:
| Meezan Funds Online | Al Meezan Investments Mobile App | Meezan Easy Cash Facility | Internet Banking - Available to all unit holders having Meezan Bank's Online Account
| SMS Alert | Daily NAV - Through SMS and Email and Mobile Alerts Transaction Service | E-Statements

Note: In case of deficiency observed in any of the above provided information, the customer has to inform Al Meezan by calling on our Toll Free Number **0800-HALAL (42525)** or emailing on **info@almeezangroup.com**. If no deficiency or discrepancy reported, Al Meezan will not be responsible for the caused Losses

NOTE AND DECLARATION STATEMENTS

I/We understand and agree that as per my/our Risk Profile, Al Meezan Investments has suggested suitable fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion. I/We confirm that I/We am/are aware of associated risks with investment in suitable fund category and confirm that I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment transactions. I/We also confirm having the knowledge of applicable load percentages specified on the second page of the investment form. In case of investment in MTPF, I have no objection to the investment and allocation policy determined by the commission and I am fully aware of the risks associated with the investment policy and the allocation policy chosen to invest.

اکاؤنٹ ہولڈر (ز) کا بیان حلفی اور نمونہ دستخط

میں سمجھتا ہوں/ سمجھتی ہوں اور اس سے متفق ہوں کہ المیز ان انویسٹمنٹ نے مجھے فنڈ کی مندرجہ بالا کیٹیگری میرے رسک پروفائل کے بنیاد پر تجویز کی ہے لیکن میں اپنی صوابدید پر کسی اور فنڈ کی کیٹیگری میں سرمایہ کاری کر سکتا ہوں/ سکتی ہوں۔ میں بذریعہ ہذا تصدیق کرتا/ کرتی ہوں کہ اس فارم میں فراہم کی جانے والی معلومات بشمول KYC معلومات کے، میرے/ میری/ علم کے مطابق صحیح اور درست ہیں۔ میں/ جانتا/ جانتی ہوں اور متفق ہوں کہ المیز ان انویسٹمنٹ مینجمنٹ لمیٹڈ (المیز ان) نے میرے رسک پروفائل (نقصان برداشت کرنے کی گنجائش/ طاقت) مجھے ایک مخصوص فنڈ کیٹیگری تجویز کی ہے لیکن میں کسی بھی اور فنڈ کیٹیگری میں سرمایہ کاری کا حق محفوظ رکھتا/ رکھتی ہوں۔ میں یہ بھی تصدیق کرتا/ کرتی ہوں کہ میں اس فنڈ کیٹیگری میں سرمایہ کاری کے نتیجے میں درپیش خطرات سے بخوبی آگاہ ہوں اور میں/ میرے/ فیصلے کے نتیجے میں ہونے والے نقصان کی صورت میں المیز ان کو ذمہ دار نہیں ٹھہراؤں گا/ گی۔ میں مزید تصدیق کرتا/ کرتی ہوں کہ میں نے ٹرسٹ ڈیڈز، آفرنگ دستاویزات، مجموعی ٹرسٹ ڈیڈز اور آفرنگ دستاویزات پڑھ لیا ہے۔ میں یہ بھی تصدیق کرتا/ کرتی ہوں کہ میں سرمایہ کاری کے فارم کے دوسرے صفحے پر واضح کئے گئے لوڈ پرنسپل سے بھی بخوبی آگاہ ہوں۔ MTPF میں سرمایہ کاری کی صورت میں مجھے کمیشن کی جانب سے طے کی جانے والی سرمایہ کاری اور رقم قحط کرنے کی حکمت عملی پر کوئی اعتراض نہیں ہوگا اور میں سرمایہ کاری اور رقم قحط کرنے کی حکمت عملی سے درپیش خطرات سے بھی بخوبی آگاہ ہوں۔

I/We, hereby authorize Al Meezan Investment Management Ltd. to perform necessary verification related to Nadra Verisys, IBAN, Mobile Number and other external verification as and when required to open my/our account. In case any cooperation is required to complete the verification process, I/we will facilitate Al Meezan Investment Management Ltd accordingly.

میں المیز ان انویسٹمنٹ مینجمنٹ لمیٹڈ کو اختیار دیتا/ دیتی ہوں کہ وہ اکاؤنٹ کھولنے کے سلسلے میں نادرہ، IBAN، موبائل نمبر اور دیگر بیرونی معاملات حسب ضرورت کر سکتے ہیں۔ تصدیق کے عمل کو مکمل کرنے کے لئے اگر کسی مدد یا تعاون کی ضرورت ہوئی تو میں المیز ان انویسٹمنٹ لمیٹڈ کو ضرورت پڑنے پر مدد فراہم کروں گا/ گی۔

Principal Account Holder

Joint Account Holder 1

Joint Account Holder 2

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APPLICATION CHECK LIST

(to be filled by Sales Officer)

Individual ☐ Copy of CNIC(s) ☐ Business/Employment proof ☐ Zakat Declaration (where applicable) ☐ Others
☐ CRS ☐ Health Questionnaire (where applicable) ☐ FATCA Form

Sales Person's Name (Preparer)	DAO Code	Sales Person's Signature	Signature and Stamp of Distributor
Manager's Name and Signature (Reviewer)	Name & Signature of Reporting Person	Reporting Date	Signature and Stamp of Transfer Agent

REMARKS



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Annexure - I

FATCA Form - Individual Account

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Al Meezan Investment Management Ltd. (Al Meezan) is required to request certain taxpayer information from certain persons who maintain an account at Al Meezan (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill Al Meezan's requirements under U.S. federal tax law and will not be used for any other purpose.

SECTION A

(1) This section must be completed by any individual who wishes to open an account.

(2) Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.

A. Title of Account (IN BLOCK LETTERS) _____

B. CNIC#: _____

C. Customer ID (for office use only): _____

D. Country of tax residence other than Pakistan: ☐ None ☐ USA ☐ Other _____

E. Place of Birth: City _____ State _____ Country _____

Please tick (✓) on appropriate check box		Documentation Required
1. Are you a US Citizen	☐ Yes ☐ No	If yes, please provide Form W-9.
2. Are you a US Resident?	☐ Yes ☐ No	
3. Do you hold a US Permanent Resident Card (Green Card)?	☐ Yes ☐ No	
4. Were you born in USA?	☐ Yes ☐ No	If yes, - Please provide Form W-9, or - In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
5. Standing instructions to transfer funds to an account maintained in USA	☐ Yes ☐ No	If yes, - Please provide Form W-9, or - In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	☐ Yes ☐ No	
7. Do you have US residence/ mailing / Sole Hold Mail address?	☐ Yes ☐ No	If yes, - Please provide Form W-9, or - In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
8. Do you have US telephone number?	☐ Yes ☐ No	

SECTION B

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US Person and will provide Form W-8BEN within 30 calendar days if required by IRS through Al Meezan. I undertake to notify Al Meezan within 30 calendar days if this certification becomes incorrect.

Signature: _____

Declaration:

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for Al Meezan to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that Al Meezan may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify Al Meezan within 30 calendar days if there is a change in any information which I have provided to Al Meezan. I will indemnify and hold harmless Al Meezan from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by Al Meezan in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Dated: _____

US Taxpayer Identification Number (in case of US Person): _____ Signature: _____



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CRS SELF CERTIFICATION FORM FOR INDIVIDUAL CLIENTS

Please fill CRS Self Certification for Joint Account Applicant also.

Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

Part 1 - Identification of Individual Account Holder

Name as per CNIC (Mr/ Mrs/ Ms): _____

Father/ Husband Name: _____ CNIC Number: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Current Address: _____ Country _____

Mailing Address: _____ Country _____

Part 2 - Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents;

Reason B - The Account Holder is unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);

Reason C - No TIN is required for that country/ jurisdiction.

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
(If the Account Holder is tax resident in more than three countries please use a separate sheet)

1	
2	
3	

Part 3 - Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Al Meezan setting out how Al Meezan may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or I am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to advise Al Meezan within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide Al Meezan with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature

Date

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.



SPECIMEN SIGNATURE CARD (دستخط کے نمونے)

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CNIC Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date
(تاریخ)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Al Meezan Portfolio Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Principal Applicant
(Write in Block Letters with Blue/Black Pen)

پرنسپل درخواست دہندہ کا نام

(راؤ کرم نیلے یا سیاہ رنگ کی سیاہی والے قلم سے بلاک الفاظ (Block Letters) میں لکھیں)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature for Al Meezan's Record

(المیزان کے ریکارڈ کے لئے دستخط)

Signature as per CNIC

(شناختی کارڈ کے مطابق دستخط)

--

--

Name of Joint Applicant 1

(پہلے مشترکہ درخواست دہندہ کا نام)

--

Signature for Al Meezan Funds Record

(المیزان کے ریکارڈ کے لئے دستخط)

Signature as per CNIC

(شناختی کارڈ کے مطابق دستخط)

--

--

Name of Joint Applicant 2

(دوسرے مشترکہ درخواست دہندہ کا نام)

--

Signature for Al Meezan Funds Record

(المیزان کے ریکارڈ کے لئے دستخط)

Signature as per CNIC

(شناختی کارڈ کے مطابق دستخط)

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Portfolio No.:

SIP Form



Investment Application Form for MFPF Plans and Takaful Coverage Details

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Form Received By	Name and Signatures of Reporting Agent	Order Authorized By
Signature and Stamp of Distributor	Reporting Date	Signature and Stamp of Transfer Agent
	Order Number	

TITLES FOR AL MEEZAN FAMILY OF FUNDS

NOTE: DETAILS OF NAME OF FUNDS, TYPE OF FUNDS AND ACCOUNT PAYEE TITLE

Meezan Financial Planning Fund of Funds-Plans	Allocation Scheme		Account Payee Title
	MIF (Equity)	MSF (Income)	
Meezan Financial Planning Fund of Funds (MFPF) Aggressive Allocation Plan	65%*	25%*	CDC Trustee MFPF Aggressive Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Moderate Allocation Plan	45%*	45%*	CDC Trustee MFPF Moderate Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Conservative Allocation Plan	20%*	70%*	CDC Trustee MFPF Conservat ive Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Very Conservative Allocation Plan	0%*	100%*	CDC Trustee MFPF Very Conservative Allocation Plan

*Minimum Allocation

TAKAFUL RATE

Takaful premium Monthly contribution rate shall be 0.0092% (monthly) of outstanding Sum Covered for all eligible enrolled members. The contribution rate will be applicable to all Covered Members and is annually reviewable. Any revision in rates will automatically be applicable to all existing and new Members.

Note: Applicable from July 2019 onwards

Employee Health Questionnaire for Group Assurance

Name of Employer _____ Group Plan No. _____

Name of Investor/Participant _____ Date of Birth _____

Present Occupation _____ C.N.I.C NO: _____

TEL: (RES) _____ TEL: (OFFICE) _____ TEL: (CELL) _____

Height _____ Weight _____ Gain or Loss past Year _____

Personal Physician (Name and Address) _____

Sum of assured/covered amount _____

Terms (no of year's b/w 3 to 18) _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Have you ever had or been diagnosed with any of the following: | | |
| a) High blood pressure, chest pain, stroke or any heart or circulatory trouble? | ☐ | ☐ |
| b) Enlarged glands or any form of cancer, tumour or disorder of the blood? | ☐ | ☐ |
| c) Diabetes mellitus or any disorder of the kidneys, liver or bladder? | ☐ | ☐ |
| d) Any disorder of the stomach or bowels? | ☐ | ☐ |
| e) Any disorder of the joints or vertebral column? | ☐ | ☐ |
| f) Shortness of breath, asthma, bronchitis or any disorder of the lungs? | ☐ | ☐ |
| g) Epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown? | ☐ | ☐ |
| h) Any illness, injury or disability not mentioned above? | ☐ | ☐ |
| If so, please give details (date, duration, treatment, name/address of physicians) on the back signed by yourself. | | |
| 2) a) Are you presently taking medication of any kind? | ☐ | ☐ |
| b) Have you ever been counselled or medically advised or treated in connection with an H.I.V. infection, AIDS or any sexually transmitted disease? | ☐ | ☐ |
| If so, please give full particulars on the back signed by yourself | | |
| 3) Have any of your natural parents, brothers, sisters died or suffered before age 60 from diabetes mellitus, heart diseases, cancer, stroke, multiple sclerosis, mental or neurological disorders? | ☐ | ☐ |
| If so, please give details (age if living, present state of health, age/cause of death) on the back signed by yourself. | | |
| 4) a) Have you any life assurance or accidental death, disability, critical illness covers in force? | ☐ | ☐ |
| b) Have you applied for any other cover with another company at the time being? | ☐ | ☐ |
| c) Have any application for life, accidental death, disability, critical illness covers ever been declined or modified in plan or rate? | ☐ | ☐ |
| If so, please give details (sum assured, duration, reason for loading, policy interest) on the back signed by yourself. | | |
| 5) Do you smoke? | ☐ | ☐ |
| If so, please state your normal daily consumption of cigarettes, cigarillos, cigars or pipe: | | |
| _____ | | |
| 6) Do you drink Alcohol? | ☐ | ☐ |
| If so, what is your normal weekly consumption of alcohol (please state also whether beer, wine or spirits): | | |
| _____ | | |
| 7) Have you ever taken drugs other than those prescribed by a doctor? | ☐ | ☐ |
| If so, please give details (date, duration, type of drugs) on the back signed by yourself. | | |
| 8) Do you participate or intend to participate in any hazardous pursuits or activities (e.g. diving, motor racing, aviation)? | ☐ | ☐ |
| If so, please give details (e.g. diving depth, type of vehicle, type of aircraft) on the back signed by yourself. | | |

9) Do you perform any hazardous occupational activities or foreign travels, stays? ☐ ☐

If so, please give details (e.g. exact type of hazard, name/region of the country) on the back signed by yourself.

I hereby declare that the foregoing statements and answers are full, complete and true. I agree that they shall be the basis of the issuance of assurance for me under the Group Policy, and the Assurance Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance and withheld or concealed in the above statements.

I authorize any physician, nurse, hospital official or employee to disclose to the Assurance Company any and all information regarding my medical history.

Place

Date

Signature of Investors/Participant

COVID-19 Questionnaire – This questionnaire should be completed by the applicant.

Application Number:

Full name of the proposed participant:

Date of birth:

PLEASE ANSWER FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. Do you currently have or have you had any of the following **symptoms** in the past 14 days?

- ☐ Fever
- ☐ Sore throat
- ☐ Dry cough
- ☐ Myalgia/arthralgia
- ☐ Headache
- ☐ Shortness of breath
- ☐ Fatigue
- ☐ Dysgeusia (distortion of the sense of taste)
- ☐ Anosmia (loss of the sense of smell)

If yes, please provide further details i.e. dates, duration, treatment, results of investigations (if any), name and address of treating doctor/clinic/hospital.

.....
.....

2. Have you been tested for Covid-19?

☐ Yes ☐ No

If Yes: Date of the test:

Result of the test:

- ☐ Covid-19 positive
- ☐ Covid-19 negative

Have you made a complete recovery with no sequelae?

☐ Yes ☐ No

3. Within the past 14 days have you had any contact with someone confirmed as infected with the virus ?

☐ Yes ☐ No

4. Have you been issued any notice or directive to self-quarantine or stay home (excluding as part of altered employment arrangement) ?

☐ Yes ☐ No

COVID-19 Questionnaire – This questionnaire should be completed by the applicant.

5. Are you currently residing outside your usual country of residence or have you returned to your usual country of residence within the last 4 weeks? ☐ Yes ☐ No

If yes, please provide information: Country / City / Departure Date / Arrived Date / Planned return date.

.....
.....

6. In the next three months, do you intend to travel outside your usual country of residence ? ☐ Yes ☐ No

If yes, please provide information: Country / City / Date of Travel / Intended Duration

.....
.....

I hereby declare that the foregoing statements and answers are true and that no fact has been withheld. I agree that they shall constitute part of my application for life assurance. I understand and accept that failure to disclose a fact or giving false information may invalidate the contract or may result in non-payment of a claim.

Date : Place :

Signature of proposed participant: