

This form to be completed by Employee. All information will be treated as strictly confidential. Every question must be answered completely and legibly and full postal address must be stated. Please print throughout.

VAT No./TRN (where applicable): _____

SECTION 1 DETAILS OF PROPOSAL

1. Full name: _____
 - a. Any other names (e.g., if married woman, state maiden name): _____
2. Full postal address: _____ Postal Code: _____
3. Date of Birth: _____ 4. Place of Birth: _____
5. Sum to be Insured: _____
6. Nature of occupation for which this insurance is required: _____
7. Name of Employer: _____
 - a. Address of Employer: _____ Postal Code: _____
 - b. Business of Employer: _____
8. Amount of salary for appointment: _____ 9. Amount of Commission (if any): _____
10. Give details of any other income (If none, state NONE): _____
11. Marital status: _____ 12. Number of persons dependent on you: _____
13. Is your life insured? Yes No If Yes:
 - a. Name of Insurer(s): _____
 - b. Amount of policy: _____
 - c. Does it have a lien? Yes No
14. How long have you resided at your present address? _____
 - a. If less than 12 months, state previous address and length of residence there: _____

15.
 - a. Are you a householder? Yes No
 - b. Do you own the furniture? Yes No If Yes, what is its value? _____
Does it have a lien? Yes No
16. Do you have any private property? Yes No If Yes, give details: _____
17. If you have a Bank Account, give name and address of Bank: _____

18. Have you any private debts or liabilities? Yes No If Yes, give full details: _____

19. Are you security for any person? Yes No If Yes, state for what amount and give full details: _____

20. Were you ever bankrupt, or insolvent or have you ever arranged with your creditors? Yes No
If Yes, give name and address of Trustee who acted for you: _____

21. Have you ever made any other application(s) for Fidelity Insurance? Yes No
If Yes, state name of Insurer(s) and date and result of each application: _____

22. Has any Insurer cancelled or refused to renew any Fidelity Insurance effected on your behalf? Yes No

23. If Yes, give name of Insurer(s): _____

24. Please detail where you have been employed during the past five (5) years:

Notes:

- It will be necessary for the Insurers to make inquiries in each case.
- If you have been in business on your own account, give details and two trade references.
- Unemployment periods should be shown with address of the Unemployment Bureau where you were registered.
- Married women should state maiden name if previously employed in that name.
- Juniors taking their first position should supply name of school and name and address of Headmaster.

From		To		In what position did you serve?	Name and Postal Address of Employer	Reason for Leaving
Month	Year	Month	Year			

25. Name two householders (not relatives) who have known you for at least two years to whom the Insurers may refer.

Name	Postal Address/Contact No.	Occupation
1.		
2.		

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I hereby declare that the foregoing answers are correct, without any reservation whatever.

Proposer Name (Please print) _____

Signature _____ Date _____