

Farmer Life Insurance Certificate

Date.

Agent Name FNIL-HO/FA/CER/ / -

Agent I. D Branch Name

Policy Holder Name

Citizen I.D No./Passport No.

Sum Insured

Insured

1. Insured Name Father's Name

2. Age () Years (Date of birth) DayMonth Year

3. Citizen I.D No./Passport No.

4. Contact Address and Phone

Beneficiary

1. Beneficiary Name Relationship

2. Beneficiary's I. D

3. Beneficiary's Father Name

4. Beneficiary's Contact Address and Phone

Did you have this insurance at another insurance company?

Insurance Co.,

Certificate No.

Sum Insured

1. Last 3 months, did you have medical checkup, treatment (hospitalization, surgery) on the recommendation of the doctor? Yes No Name of disease

2. Last 5 years, did you have hospitalization? Yes No Name of disease

Name of hospital

Name of Doctor

Treatment period

Completely cured Under treatment Monitoring

3. Do you have special recommendation of the doctor?

Acknowledgement

I do hereby declare that on the date this CERTIFICATE is presented those declarations, health conditions and the medical reports are correct to the best of my knowledge and belief. I am fully aware that the Insurer would made indemnity only for the covers except the mentioned diseases.

I well known this contract which would made between this insurance company and me and that if those answers, declarations and additions be incorrect in some way, the contract would be abrogated with the result that no benefit is receivable.

We sign at in Township
at Day Month Year.

If the Insured himself/herself describe incorrect information such as careless expression, misrepresentation, intentionally misrepresentation, cheating in the description of this certificate, it will be result in loss of benefits and not to be entitled to premium refund.

Insured Signature

Policy Holder Signature

Confirmer Signature

Date / /