

- ▶ The Proposed Assured is advised to read the policy features to understand the benefits and usability of the product.
- ▶ Receipt of the completed proposal form and first premium does not create any obligation on Oman Insurance Company to underwrite the risk. The liability for the Company shall commence only after the risk has been underwritten and issuance of the policy.
- ▶ This application form should be accompanied with the initial contribution amount. In case of cheque payment, should be made payable to "Oman Insurance Company". Payment can also be made in cash, or credit card.
- ▶ The Proposed Assured is required to submit a copy of his passport along with this application form for his proof of date of birth.

DETAILS OF PROPOSED LIFE ASSURED (as on passport)

INSTRUCTIONS: Use black ink. Write legibly in block letters and check (✓) the appropriate box (☐) where applicable.

Title: Mr. Ms. Mrs. Others

First Name: _____

Middle Name: _____

Last Name: _____

Date Of Birth: / / Place Of Birth: _____

Nationality: _____ Passport Number: _____

Gender: Male Female Marital Status: Single Married Widowed Separated Divorced

Residential Address: _____

Business Address: _____

Telephone Number: _____ Mobile No.: _____

Fax Number: _____ Email: _____

Mailing Address: Residential Business

Educational Qualification: Undergraduate Graduate Post Graduate

Occupation Details

Occupation: Salaried Self Employed Housewife Unemployed Others

Position/ Job Title: _____ Nature of Work: _____

Company Name: _____ Nature Of Business: _____ Monthly Income: _____

Policy Details

Term Of Policy: 5 Years 7 Years 10 Years 15 Years 20 Years Attach Term Rider. Premium Payment Term: _____ Years

Basic Annual Premium: _____ Currency: AED USD

Mode Of Payment: Monthly* Quarterly Half-Yearly Annual

*Monthly - For Post Dated Cheques and Credit Card payment methods only

EXISTING LIFE INSURANCE POLICY DETAILS (if any)

Name of Company	Sum Assured	Annual Premium

Details Of Beneficiary

PRIMARY BENEFICIARY'S NAME	RELATIONSHIP	SHARE

CONTINGENT BENEFICIARY'S NAME	RELATIONSHIP	SHARE

