

Name of Proposed Insured:	Reference No.:
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1. Position held in the company \_\_\_\_\_
2. Description of duties \_\_\_\_\_
3. Length of service \_\_\_\_\_
4. Are there any concurrent applications being made to other insurance companies?     Yes     No

If 'Yes', please give details.

Insurance Company	Face Amount	Purpose of Insurance	Type of Insurance

5. Please give details of existing policies in force.

Insurance Company	Face Amount	Effective Date	Type of Insurance

6.
  - a) Name of company \_\_\_\_\_
  - b) Nature of business \_\_\_\_\_
  - c) When was the business established? \_\_\_\_\_
  - d) Number of employees \_\_\_\_\_

7. What has been the gross profit and net profit before tax, over the last 3 years? (\*Include a projection for the following year.)

Year	Gross Profit	Net Profit
*		

8. What percentage of the company's share capital does the proposed insured own? \_\_\_\_\_%

9. State the proposed insured's personal earnings for the last two years.

Income	Year	Year
Salary		
Dividends		
Bonuses/Commission		
Share of Profit		
Others (please specify)		

10. On what basis has the sum assured been calculated? (Please tick)

- Multiple of profit            Please state multiple. \_\_\_\_\_
- Multiple of salary            Please state multiple. \_\_\_\_\_
- Any other basis                Please give details. \_\_\_\_\_

11. What proportion of the gross profit can be fairly attributable to the keyman?

\_\_\_\_\_

12. Why is the keyman considered valuable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Is there a service agreement?             Yes     No

If 'Yes', please provide details (remuneration package, contract term, etc.).

\_\_\_\_\_  
\_\_\_\_\_

14. Has the company applied/intend to apply for coverage on the life of other key personnel?     Yes     No

No

If 'Yes', please give details.

Name	Position	Purpose of Insurance	Face Amount	Effective Date

If 'No', explain why not.

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

*We declare that the statements made are true and complete to the best of our knowledge and that we have not withheld any material information that may influence the acceptance of the life insurance application.*

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name and Signature of Proposed Insured

\_\_\_\_\_  
Name and Signature of Company Representative

Witnessed by: \_\_\_\_\_

BSE's Name and Signature

Code No.: \_\_\_\_\_