

SADHARAN BIMA CORPORATION

Head Office: Sadharan Bima Bhaban 33, Dilkusha Commercial Area Dhaka-1000

PROPOSAL FOR FIDELITY GUARANTEE INSURANCE

(Questions to be answered by Employee)

				Date	_ 200
fu	n application having been made to this Co lly the questions on this form and return clarations at the foot. The information will	it to	us at the earliest of	pportunity after sing	answer
Su	ım Insured Tk.	7	FOR SADHARA	N BIMA CORPORA	TION
1.	Name in full Surname underlined and age	1.	Born at —	Date	1
2.	Present place of residence Full Address	2.			
3.	Name, address & Occupation of your father or nearest relative.	3.			4 5
4.	Are you a Householder?	4.			
5.	Are you single, married or a widower? If married or widower, are there any children? (State how many) How many are wholly dependent upon you? How many are partially dependent upon you and to what extent?	5.			
6.	In What capacity are you to be employed?	6.			
7.	(a) Amount of Salary?(b) Any other remuneration received from employers?(c) Details of travelling expenses if allowed?	7.	(a) Taka — (b)———————————————————————————————————	per	
8.	Have you othr business or Calling? If so give, details including employer's name and amount of income dervied.	10			
9.	Are you a surety for any person?	9.			
10.	Have you ever been Bankrupt, or insolven, or made an arrangement with your creditors? If so, give date and other Particulars, including details of discharge.	10.			
11.	State the amount or your present debts and any other liabilities.	11.			
12.	Give particulars of any private property, real personal or otherwise, whether in your possession, in reversion or in expectancy	12.			

3. How and by whom have engaged during the last Give full address: From	10 years?	98	to (month)	200	with
4. Have you ever been disc situation? If so, give par		y			
15. If you have been submit a fidelity guarantee give of the Co. and the situat Also how the proposal v Accepted the premium	the date, the rion you then have disposed of	name neld. of and if			
 If you have been previoguaranteed by this corporational 	usly submitted oration state th	l to or ne			
17. Is the premium to be pa	id by you or				
18. Enter the name of two pand who have known you				ative) who are	Housholder
18. Enter the name of two J	ou for at least	year or more		ntive) who are	Housholder
18. Enter the name of two pand who have known years. (i) Name	ou for at least	year or more	RENCE	ntive) who are	Housholder
18. Enter the name of two pand who have known years. (i) Name	SECO	year or more	RENCE	ntive) who are	Housholder
(ii) Name	SECO	ST REFEROND REFI	CRENCE y respect true and	correct, and the	nat I have no
(i) Name Full Address: Full Address: I hereby declare that answ with held any information	SECO	ST REFEROND REFI	CRENCE y respect true and	correct, and the	nat I have no
(i) Name Full Address: Full Address: I hereby declare that answ with held any information	SECO	ST REFEROND REFI	CRENCE y respect true and	correct, and the	nat I have no Corporation