

American Life Insurance Company
Narayani Complex, Pulchowk,
P.O.Box : 11590, Kathmandu, Nepal,
Tel. : 5-555166, Fax : 5-555173

Residence and Travel Questionnaire

Full Name :

1. Please provide details of previous and future travel (excluding holidays and short business trips). Please state date(s) of visit(s), countries, regions, reason for visit(s), frequency and duration of visit(s):

a. Within the last 5 years

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.....
.....

b. Future intentions

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.....
.....

2. Please give a brief description of your duties whilst travelling or residing abroad:

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.....

3. Do you expect to visit non-urban areas?

YES / NO

If **YES**, please give details of:

a. Your likely accommodation

.....

b. The availability of medical facilities

.....

c. Your travel arrangements *e.g. light aircraft, boat, etc*

.....

4. Would you consider travelling to war zones or hazardous areas?

YES / NO

If **YES**, please give details:

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.....

I declare that the answers I have given are to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I undertake to inform you any material changes before the cover commences.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Applicant

Date