IndiaFirstLife

TOBACCO QUESTIONNAIRE

Application No:

Full name of Life to be assured: F I R S T L A S T

	Yes	No
1. Do you consume tobacco in any of the following forms?		
a. Tobacco chewing If Yes, how often a day?	☐	☐
b. Smoking If yes, state how frequently?	☐	☐
■ Cigarettes If yes, number smoked per day	☐	☐
■ Bidi If yes, number smoked per day	☐	☐
■ Pipe	☐	☐
■ Cigar	☐	☐
■ Any other form	☐	☐
c. Snuff If yes, number of times used per day	☐	☐
2. State the year of starting the habit?		
3. Have you made any attempt to give up the habit?	☐	☐
4. If so with what results?		
5. If given up completely, since when?		

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Signature of the life to be assured/Proposer

Signature of Medical Examiner with Code No.

Date: D D M M Y Y Y Y

Place:

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
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CIN: U66010MH2008PLC183679.

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