IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

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.,
301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

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