

ADDITIONAL QUESTIONS AS PER NEW P.F & ACR

ADDITIONAL Q. FORM 300

4	(c)	Have you any prospect or intention of engaging in aviation or entering Naval or Military Service or taking up any other hazardous occupation or pursuit? If so, give details					
4	(d)	Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes, give details and submit respective questionnaire.					
4	(e)	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]					
4	(f)	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted in respect of any criminal/civil offences in any court of law in India or abroad?					
7		b. Whether proposed simultaneously on the life of spouse and children? if yes, give details					
10	b	Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis or any hereditary disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes/No</td> <td style="width: 50%; text-align: center;">If, yes, specify date / year of death</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Yes/No	If, yes, specify date / year of death		
Yes/No	If, yes, specify date / year of death						
Q. 11	d	Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments:					
			Yes' or 'No'				
		1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc	Yes' or 'No'				
		2. Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries?	Yes' or 'No'				
		3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ digestive disorder	Yes' or 'No'				
		4. Any disease of kidney /prostate or urinary system?	Yes' or 'No'				
		5. Paralysis/epilepsy/ insanity/ tremors, numbness, double vision, dizzy or fainting spells/ head injury / insomnia/ nervous breakdown / any other disease of the brain or the nervous system	Yes' or 'No'				
		6. Hernia/hydrocele, varicocele, fistula, varicose veins, , filariasis, gonorrhoea, syphilis or any other venereal disease?	Yes' or 'No'				

>>>>>> P.T.O >>>>>>

7. Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder /enlarged glands	8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears			
9. Diabetes/ suffering from diabetes or have you ever passed sugar, albumin, pus or blood in urine/ Goitre/ Thyroid or other endocrine disorder	10. Bone / Joint/ Spine Disease/ Arthritis			
11. Mental Disorder (Depression/ Anxiety, etc.).	12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.			
13. Disease of teeth such as pyorrhoea missing teeth, whether wearing denture	14. Any Operation , accident or injury/ any bodily defect or deformity.			
15. Any other disease ?				
e. If answer to any of the questions is yes, please give details as below (If hospitalized , enclose the discharge summary) and all investigation papers along with the proposal form				
Nature of disease / illness	Date of Diagnosis	Fully recovered (Y/N)	Still on treatment (Y/N), If Yes give details of treatment	Name and address of Doctor/ Hospital
h. Have you or your partner/ spouse / Parents ever required or are at present availing /undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition?				

Revised Questions FOR FEMALE LIFE

1. Have you ever suffered / are you suffering from Gynaecological problem?
2. Have you ever undergone any investigation or treatment or received medical advice or consulted a physician for
 - i). Any disease or disorder of the cervix, uterus ovaries or vagina, abnormal bleeding, cancer or growth?
 - ii). Any disease or disorder of the Breast(s) such as Breast Lump/cyst, Fibrocystic disease, nipple changes or discharge , cancer or growth?
 - iii). Have you undergone any Mammogram or pap smear? If yes, then kindly provide the last report.

Dated at _____ on _____

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(Signature of Proposer)

Additional question as per new ACR:

Q. No. 1(d):

Whether the life proposed is a Politically Exposed Person (PEP) or a family member Or close relative of a Politically Exposed Person. (As per RBI guidelines, PEPs are Individuals who are or have been entrusted with prominent public functions in a foreign country.) If yes, give details.

(Signature of Advisor)