



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

An application having been made to this Corporation for guarantee of your fidelity please answer fully the questions on this form and return it to us at the earliest opportunity after signing the declarations at the foot. The information will be treated as confidential.

Sum Insured Tk. _____ FOR SADHARAN BIMA CORPORATION

1. Name in full Surname underlined and age	1.	Born at _____ Date _____
2. Present place of residence Full Address	2.	
3. Name, address & Occupation of your father or nearest relative.	3.	
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 _____ per _____ (b) _____ (c) _____
8. Have you othr business or Calling? If so give, details including employer's name and amount of income derved.		
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.	

-
13. How and by whom have you been engaged during the last 10 years?
Give full address: From (month) 98 to (month) 20 with
-
14. Have you ever been discharged for any situation? If so, give particulars.
-
15. If you have been submitted to any Company for a fidelity guarantee give the date, the name of the Co. and the situation you then held. Also how the proposal was disposed of and if Accepted the premium you were required to pay.
-
16. If you have been previously submitted to or guaranteed by this corporation state the particulars.
-
17. Is the premium to be paid by you or by your employer :
-
18. Enter the name of two person (other then privious Employers or relative) who are Housholders and who have known you for at least year or more.

FIRST REFERENCE

(i) Name _____
 Profession _____
 Full Address : _____

SECOND REFERENCE

(ii) Name _____
 Profession _____
 Full Address : _____

I hereby declare that answers given above are in every respect true and correct, and that I have not with held any information within my knowledge likely to effect the decision of the Corporations as to may eligibility for Guarantee.

Date

Place

Employec's Signature