



**AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT FOR  
MAIL ORDER BUSINESS**

Agency Code		Dev. Officer's Code	
Agent's Name & Address		Club Membership	
Licence No.		Date of Expiry	
Name of proposer		Age	SP
When did you meet the proposer?			
Are you related to him/her? If so, give details.			
What is the educational qualification of the life proposed?			
Give details of his source of income: Employment / business, etc.,			
Details of proofs of income verified			
Are you personally satisfied with the financial standing of the proposer and justify the current proposal?			
What is the general state of health of the proposer?			
Does he have any physical deformity? – (impaired sight or hearing, physical impairment or mental retardation)			
Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation?			
Status of his previous policies – inforce / lapsed?			
Status of previous proposals – dropped / postponed / declined / accepted with extra?			
<b>For Non-medical Cases only</b>			
Marks of identification			
Height (cms)	Weight (kgs)	Girth of abdomen (cms) (over navel)	Chest (cms) (over nipple)
			Full expiration

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

I also declare that I met the proposer when he visited India and explained to him the terms and conditions of the plan. However, all the other formalities were completed during my visit to the present country of the proposer's residence.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
**Signature of the Agent**

Name of the Agent: \_\_\_\_\_

Agents Code No: \_\_\_\_\_

Branch Office: \_\_\_\_\_