CONFIDENTIAL DATA FORM-(TO BE COMPLETED IN BLOCK LETTERS)

FULL NAME----------DATE OF BIRTH----------GENDER----------

VILLAGE----------T/A---------- DISTRICT----------

OCCUPATION----------QUALIFICATION----------DATE OF EMPLOYMENT---------

MARITAL STATUS---------- MAIDEN NAME IF MARRIED----------

POSTOL ADDRESS----------

TELEPHONE NO.OFFICE----------HOME/CELL----------FAX----------

EMAIL ADDRESS----------

MONTHLY EARNINGS----------IDENTITY (PHOTOCOPY-DRIVING LICENCE/PASSPORT/OFFICE/STAMP)

DETAILS OF A CHILD/REN IF LITTLE GENIUS POLICY-NAMES

1.----------DATE OF BIRTH----------GENDER----------

2.----------DATE OF BIRTH----------GENDER----------

HEALTH OF YOUR FATHER----------MOTHER----------HUSBAND/WIFE----------

NUMBER OF BROTHERS---------NUMBER SISTERS----------YOUR HEIGHT----------YOUR WEIGHT----------

DO YOU SMOKE?----------DRINK ANY LIQUOR---------- QUANTITY PER DAY/WK----------

USUAL FAMILY HOSPITAL/DOCTER----------ADDRESS----------HOW LONG----------

DO YOU SUFFER FROM ANY DISEASE? YES/NO. DISCLOSE IF YES----------

MONTHLY PREMIUM----------SUM ASSURED----------

YOUR BANK NAME----------BRANCH----------ACCOUNT NUMBER

TYPE OF POLICY----------TERM----------YEARS.COMENCEMENT DATE----------

FULL NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH	%SHARE

YOUR SIGNATURE----------DATE----------.