

## FOREIGNER'S QUESTIONNAIRE

name of Life to be Assu	red		Nationality : SPAJ Number:		
•	fferent than Life to be Assi		SFA3 Number : KIMS Number :		
name of r toposed (if di		ured)			
Currently where is your (Reside more than 6 m When did you arrive in	onth's)		(Month & Year)		
How long do you intend to stay in Indonesia?			. ,		
What is your official sta	-				
2	present employer				
b. Address of e					
d. Annual incor	neper annum ( $$ )	: ( )< US\$ 5.000	( )US\$ 5.000 - US\$ 5	50.000 ( )> US\$ 50.000	
() Bank Account	ing based in Indonesia (√ ()Property () Acc #,location of propertie:	Business () Inve	stment e.g shares ()	Family members/relation	
Where did you reside and what was your occupation of <b>From To</b>			ring the last 5 years ? Country City Occupation		
	10	Country	Ony		
Why do you need a IDI	R Class Policy?	:			
What do you intend to	do with the policy when yo	u leave Indonesia ? :			
How do you intend to r	ay the premium when hav	e you no longer stay in Indo	onesia?		
()) ransfer to PT Har	iwha Life's account ()C	ash ( )Check/Bank draft	( )Others		
Please note that we are	e to receive all payment in	full amount as stated in the	policy document.		
DECLARATIONS:					
I hereby declare that the contract for the d		d answers are complete a	nd true and I/we understa	nd that this will form part of the basi	
State that I fully and Insurance Indonesia		e contents and all statem	ents, which are stipulate	ed in the application of PT Hanwha	
Signed in Indonesia in			Date///		
Materai Stamp 10000					
(	)		(		
Signature & name of Insured			(	sed /	
To be witnessed by P	T Hanwha Life Insurance	e Indonesia (Agent or Lea	ders)		
(	) Signature & r	name , Agent Code			
WARNING :					
Foreigners who are advisor in Indonesia		isis Cover product will be	subjected to further inves	stigation by the company medical	