

## Basic Information Proposal Form for Life Insurance

### Personal Information

Full Name

Date of Birth

Gender

Nationality

Occupation

Marital Status

Address

Phone Number

Email

### Plan Details

Plan Type

Sum Assured

Policy Term (Years)

Premium Payment Frequency

### Nominee Information

Nominee Name

Relationship

Nominee Date of Birth

### Other Relevant Information

Medical history, previous insurance, notes, etc.

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Signature of Proposer

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Date

This is a sample form for proposal purposes only.  
Please provide accurate information as required by your insurance provider.