



Partnership Insurance – Supplementary Questionnaire

Q19

A. Particulars of Life to be Assured / Assured

Name	:	_____
NRIC/ Passport No.	:	_____
Contract No.	:	_____

B. Financial Questions

No.	Questions	Answers
1.	Please state your occupation, exact duties and responsibilities.	
2a.	Please provide the following: Nature of Business	
2b.	Date Business Commenced	
2c.	Number of Employees	
2d.	Current book value of the Partnership	\$
2e.	Current net worth of the Partnership	\$
3a.	Business Turnover Volume	<ul style="list-style-type: none"> • Last Year: \$ • 2 Years Ago: \$ • 3 Years Ago: \$
3b.	Profit before Tax	<ul style="list-style-type: none"> • Last Year: \$ • 2 Years Ago: \$ • 3 Years Ago: \$
4.	Please state your total taxable income over the last 2 years.	
	Last Year: Basic Annual Salary: \$ Share of Profits: \$	2 Years Ago: Basic Annual Salary: \$ Share of Profits: \$

5.	Is there a buy/sell agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please submit copy of the document.
6.	Are the policies to be effected on the lives of the other partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide details:

C. Declaration

I agree to inform Aviva Ltd if there is any change in the state of my health, financial or my activities between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I declare that the information given is true and complete and that I have not withheld any material information that may influence the assessment of my application.

Signature of Assured : _____ Date : _____

Signature of Life to be Assured : _____ Date : _____
 (If other than the Assured)