

## Customer Demographic Form – Insurance

### DEMOGRAPHIC INFORMATION

Field	Value
*Date	DD-MM-YYYY
Salutation	
*First Name	
*Last Name	
*Address 1	
Address 2	
Address 3	
*City	
*Branch	
*State	
*Pin code	
Mobile No	
STD-Landline No	
Email Id	
*Date of Birth	DD-MM-YYYY
*Gender (Male/Female)	
*Marital Status (m=Married/S=Single)	
*Residential Status	Indian
Occupation	
*Medical Question (Member 1) <i>If any medical history declared, then update as Yes else No</i>	
Medical Question (Member 2) <i>If any medical history declared, then update as Yes else No</i>	
Height (in cm)	
Weight (in kgs)	

### \*POLICY RELATED DETAILS

Field	Value
Sum Assured	
Policy Term	
Premium Amount	

### \*NOMINEE DETAILS

Field	Value
Nominee First Name	
Nominee Surname	
Nominee Gender	
Nominee DOB	DD-MM-YYYY
Nominee Relationship with LA	

**JOINT LIFE DETAILS**

Field	Value
Joint Life Name	
Joint Life Surname	
Joint Life Gender	
Joint Life DOB	DD-MM-YYYY
Joint Life Relationship with LA	

**\*OTHER DETAILS**

Field	Value
In the last 3 months have you been tested positive for COVID-19? (Y/N)	
In the last 3 months have you been self-isolated with symptoms on medical advice? (Y/N)	
In the last 1 month have you been advised to self-isolate due to COVID-19 (excluding mandatory government orders to remain at home)? (Y/N)	
In the last 1 month have you had a persistent cough, fever, raised temperature or been in contact with an individual suspected or confirmed to have COVID-19? (Y/N)	

*Note: Fields/sections with asterisk sign (\*) marked against them are mandatory*

**Customer Signature:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**\*TO BE FILLED BY ARKA EMPLOYEE**

Field	Value
Application Number	
Master Code / Loan Type	
Loan Account Number	
Loan Disbursal Date	DD-MM-YYYY
Loan Amount	
Applicant Status (Applicant/Co-applicant)	
Funds Transfer Date	DD-MM-YYYY
UTR No	
Reducing Level Cover (R/L)	
Employee Name	
Employee Code	