



EMPLOYMENT PROTECTION PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

1. Name of the Insured Person : _____
2. Designation : _____
3. Postal Address of the Insured : _____
4. Name and full address of the Employer : _____
5. Is your company a Partnership / Proprietorship Company? : _____
6. Date of Birth : _____
7. Nationality and Passport Number : _____
8. Residence Permit Number and Year : _____
9. Date of joining your present employer : _____
10. Your present Gross Salary in Dirhams : _____
11. Benefit per month in Dirhams (*) (Max X% of gross salary) : _____
12. Mode of Payment (Annual / Monthly) : _____
13. Nominee's name and relationship : _____

Payment Authorization

Name:	Credit Card Number:
	Expiry Date:

I hereby confirm and declare that the information given above by me is true and complete and that I am not aware of any plans on the part of my employer to sack/ remove/ retrench me.

I also authorize Prime Insurance Brokers L.L.C. or their Bankers to debit my Credit Card or Bank Account (***) with an amount of AED _____ per month till further advises.

Name and Signature of the Insured:

Date:

Disclaimer: Completion of this proposal does not constitute acceptance of the same by the Insurer. The preferred Insurer reserves the right to reject any proposal upon review.

PRIMEINSBROKERS/2015/PROPFORM/EMPLOYMENTPROTECTION