



FIRE & ALLIED PERILS INSURANCE 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 Insured

2. Name of Bank

3. Interest

On Building

On Stocks

On Furniture/

Fixtures

On Rent

Sum Insured:

4. Cover

Fire, Lightning plus other perils including Burglary.

5. Location (where Insurance
is required)

6. Copy of Tenancy Contract

(please attach)

7. Period of Insurance

From:

To:

8. Other Details, if any

We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

NAME:

COMPANY STAMP

DESIGNATION: