

FOREIGNER'S QUESTIONNAIRE

Need Attention:

1. Required by (Proposed) Policy Holder and/or (Proposed) Insured with black ink, printing letters, clear and mark (√) in the appropriate box selection.
2. Required Parents (Proposed) Insured, if (Proposed) Insured aged <21 years.
3. Mandatory sign every writing correction (if any).
4. Writing the date always use format Date-Month-Year.
5. If necessary, additional sheets, can utilize the Declaration Form/Amendment Of SPAJ & Filing Services Polis filled in and signed by the (Prospective) Policyholders, (Candidate) Insured and Salesforce.
6. When completed by the (Prospective) Policy Holder and/or (Proposed) Insured shall be submitted to the Head Office PT Asuransi Jiwa BCA ("Insurer").

I. DATA OF (PROPOSED) INSURED

1. Application (SPAJ)/Policy Number:
2. Full Name (Proposed) insured:
(In accordance with ID/Passport)
3. Place, date of birth (Proposed) Insured: , / /

II. REQUIRED BY (PROPOSED) INSURED

1. What is your Nationality?
2. How long have you been staying in Indonesia? Year(s), Month(s)
3. a. Please state name and address of your employer in Indonesia.
- b. Type of industry your employer in involved in.
- c. Current location.
- d. Please elaborate your responsibility(es).
4. Do you have multiple jobs? Yes No (If "Yes", please explain in detail in the column below).
 - a. Name and address of your other employer(s).
 - b. Type of industry your employer(s) in involved in.
 - c. Current location.

d. Please elaborate your responsibility(es).

5. How long are you planning to stay in Indonesia? Year(s), Month(s)

6. Have you ever stayed or have plans to stay in any country other than Indonesia for a duration of 1 month or greater in the past 12 months or next 12 months? Yes No (If "Yes", please explain in detail in the column below).

Countries	Years	Duration	Purpose

DECLARATION AND AUTHORIZATION

1. I declare that all information and answers above are complete and true. I agree that if any of the statement above is not true, Insurer has the right to cancel the life insurance contract and is not liable to refund the premium paid or pay any claims or any other losses.
2. By purchasing this policy and signing, I represent that I am not a U.S. person for purposes of U.S. federal income tax and that I am not acting for, or on behalf of a U.S. person.
3. A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If your tax status changes and you become a U.S. citizen, you must notify us within 30 days. (United States citizens or residents must strike out this clause and initial the change at the left side).
4. I agree to indemnify the Company in respect of any false or misleading information regarding my U.S.A. tax status. I agree that all information given in this additional form or any amendments attached with this policy will become part of the insurance contract as long as it is relevant to this policy.

Placed :

Date: / /

(_____)
Full Name & Signature
(Proposed) Policy Holder

(_____)
Full Name & Signature
(Proposed) Insured

(_____)
Full Name & Signature
Sales Force