

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 hereby declare that I have understood, agreed to, and affirmed that I have correctly and completely filled in all material facts, namely data, information, answers, descriptions, conditions, statements, and facts that may influence the considerations of PT Asuransi Jiwa BCA as the 'Insurer' in accepting or rejecting a Consumer Application and/or in determining the Premium amount, and that this Questionnaire constitutes an integral part of the Life, Health, and Accident insurance contract.
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. I acknowledge and declare that 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 calendar 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.
5. I give consent to Insurer to collect, store, process, and use information which I provide or convey by means of this form in regards of Insurance Product application process and as long as Policy inforce for the purpose of utilizing product and/or services.
6. I have the right to personal data protection as stipulated in applicable law. These Rights included right to access, indemnify, delete, limit processing, refuse processing for certain purposes, and withdraw consent to the use of my personal data. However, the guarantor may reject my request, among other things, if it is permitted by applicable law or my request is contrary to applicable legal interest.
7. I acknowledge and understand that Insurer may store data and/or information of me longer than specified time retention limit if it necessary to fulfill the law enforcement process and the interest of financial services sector supervision carried out by state administrators.
8. I declare that this Statement and Authorization constitute an integral part of the insurance application document and shall be binding upon Me, the Beneficiary(ies)/Heirs, as well as all members of My/Our family (if applicable). All statements and authorizations contained in the insurance application document also apply to this form
9. All data and information shall be proceeded in accordance with Insurer's internal policies and applicable law. Internal policies regarding personal data protection can be accessed on Privacy Policy on our official website www.bca.co.id.

 Placed:

 Date: / /

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

 (_____)
**Full Name & Signature
(Proposed) Insured**

 (_____)
**Full Name & Signature
Sales Force**