

# PERSONAL FINANCIAL REPORT



Please check all details, then complete the relevant areas of the form and return it to:  
 BSP Health Care (Fiji) Limited, Ground Floor BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
 Telephone: (679) 331 7000 Call Centre: 132 700 Facsimile: (679) 330 8955 Web: www.bsplife.com.fj

### Important Notes

- To be completed for Term Life Applications by the Proposed Policy Owner and Life to be Insured.

**Proposed Policy Owner**  **Individual** ▶ *If an Individual is selected, please complete the following details in Section A1 below*  
 **Legal Entity** ▶ *If a Legal Entity selected, please complete the following details in Section A2 below*

1. Title First Name Middle Name Last Name

--	--	--	--

2. Name of **Legal Entity** (In Full) Contact Person Name or Position

--	--

### Full Name of Life to be Insured

Title First Name Middle Name Last Name

--	--	--	--

Occupation of Life to be Insured (*Please state if you are employed or self-employed*)

--

### B. TO BE COMPLETED BY LIFE TO BE INSURED

1. Purpose of cover (Please tick the appropriate box)

- Personal/Family Protection
- Private Loan Cover
- Personal Investment
- Others (*Please give details*)

2. Simultaneous applications

Please state if any simultaneous applications are being made to other life/health insurance companies. *If so, please give appropriate details as follows:*

Insurance Company	Sum insured	Type of Cover	Purpose of Cover

3. Existing cover

Please give details of any existing insurance cover in force with this company or any other life/health insurance companies as follows:

Insurance Company	Sum insured	Type of Cover	Purpose of Cover

4. Income Details

A. Please state your regularly earned gross income for the last 3 years:

20	\$	20	\$	20	\$
----	----	----	----	----	----

B. Apart from the income declared in 4A. above, have you in the last 3 years, received income from any other source e.g property rental income, dividend from shares, interest, part time occupation or other. If so. please state the total of all other income:

20	\$	20	\$	20	\$
----	----	----	----	----	----

C. State the source or sources of the income declared in 4B above:


**PART 2 - TO BE COMPLETED IF APPLICATION IS FOR PERSONAL / FAMILY PROTECTION**

1. Personal net worth

A. Please give details of your assets and liabilities: If you own property jointly with any other person, please state the value of your share of the asset or liability.

Asset Shares:		Liabilities Mortgage(s):	
Deposits:		Loans:	
Investments:		Others (please give details):	

B. Personal Net Worth (Total Assets minus total liabilities):

2. FAMILY SITUATION

Please state the number and age of your dependents and their relationship to you:

Number of dependents:


**PART 3 - TO BE COMPLETED IF APPLICATION IS FOR PRIVATE LOAN COVER**

A copy of the loan agreement must be attached.

1. What is the purpose of the loan?


2. Please state the name of the lender:

--

3. Please state the name of the borrower (s):


4. Please state the amount of the loan:  5. Please state the term of the loan:

6. What are the interest rate(s) applicable to the loan?

7. Is life insurance a condition of the grant of the loan?  No  Yes

8. Please provide further information on the project to be financed:


**DECLARATION**

**I declare** that to the best of my knowledge, the above statements are true and complete and that such disclosures will form part of the basis of this policy.

Full Name of Life to be Insured

Signature of Life to be Insured

Date

--	--	--

Full Name of Proposed Policy Owner

Signature of Proposed Policy Owner

Date

--	--	--