ANNEXURE "B"

Travel & Residence Qn to be completed by the Life Assured, with regards to the travels accomplished in the last one year.

Proposal Number

Sr No	Dates of Travel(starting from and To)	Start Destination from country of Permanent Residence	End Destination country	Places Visited	Duration of Stay outside the country of permanent residence

I declare that the answers I have given are, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the LA

Name of the LA

Date

Place