

9.	Period of insurance	9	From :	To:	
10.	Do you wish the policy be issued in	.	English ()	Nepali ()	Either ()

DECLARATION

I/We hereby declare that the above statements are true and that I/We have withheld no information which might influence the acceptance of this proposal. I/We agree that this proposal shall be the basis of the contract between me/us and the Company and deemed to be incorporated into the Policy.

Date :

Signature :