



FOREIGNER'S QUESTIONNAIRE

Policy Holder : _____ Nationality : _____
 Passport Number : _____ Policy Number : _____
 Insured (if different than Policy Holder) : _____ KIMS Number : _____

- Currently where is your permanent place of residence? : _____
(Reside more than 6 month's)
- When did you arrive in Indonesia? : _____ (Month & Year)
- How long do you intend to stay in Indonesia? : _____
- What is your official status in Indonesia? : _____
 - Name your present employer : _____
 - Address of employer : _____
 - Current position you hold within this company: _____
 - Annual income per annum (√) : () < US\$ 5.000 () US\$ 5.000 - US\$ 50.000 () > US\$ 50.000
- Do you have the following based in Indonesia (√) :
 () Bank Account () Property () Business () Investment e.g shares () Family members/relation
 If yes, state details (i.e Acc #, location of properties, worth, ect)

6. Where did you reside and what was your occupation during the last 5 years ?

From	To	Country	City	Occupation

- What do you intend to do with the policy when you leave Indonesia? : _____
- How do you intend to pay the premium when have you no longer stay in Indonesia? : () Transfer to PT AXA 's account
() Credit Card () Others _____

DECLARATIONS:

I hereby declare that the above particulars and answers are complete and true and I/we understand that this will form part of the basis of the contract for the desired insurance.

State that I fully and clearly understand the contents and all statements, which are stipulated in the application of PT. AXA Financial Indonesia

Signed in Indonesia in _____

Date ____/____/____

(_____
Signature & name of policy holder

(_____
Signature & name of proposed

To be witnessed by PT AXA Financial Indonesia (Agent or Leaders)

(_____
Signature & name , Agent Code _____

WARNING : **Foreigners who are eligible to purchase a Insurance will be subjected to further investigation by the company medical advisor in Indonesia upon claim**

PT AXA Financial Indonesia berizin dan diawasi oleh Otoritas Jasa Keuangan

1 dari 1
Form/UW/045/Rev.1

PT AXA Financial Indonesia

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