

Financial Questionnaire

Each applicant should complete the Financial Questionnaire

The United Arab Emirates Insurance Authority, under Board Resolution 1 (2009) requires all providers of life assurance services to obtain the following information on your financial position. This information will be held in strictest confidence.

Applicant's Personal Details

Title	<input type="text"/>	Surname/Family name	<input type="text"/>
		First name(s)	<input type="text"/>

Applicant's Relationship to Life Assured

If the applicant is not to be the life assured, please explain below, your relationship to the life assured.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Applicant's Occupational Details

Nature of work or profession	<input type="text"/>
Name of employer	<input type="text"/>
Place of employment	<input type="text"/>
	<input type="text"/>

Applicant's Financial Circumstances

	Year 1	Year 2	Year 3
Please state net annual income (AED) for last 3 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details of assets held:			
– Cash in bank:	Total amount (AED)	<input type="text"/>	
– Value of shares and equities:	Total amount (AED)	<input type="text"/>	
– Property value:	Total amount (AED)	<input type="text"/>	
– Other investments:	Total amount (AED)	<input type="text"/>	
Details of liabilities held			
– Outstanding loans to be paid issued by banks:	Total Amount (AED)	<input type="text"/>	
– Outstanding balance to be paid other loans:	Total Amount (AED)	<input type="text"/>	
– Outstanding balance to be paid on credit cards:	Total Amount (AED)	<input type="text"/>	

Source of Premium Payment

Please detail below the personal bank account that you will use to fund premium payments:

Bank Name:		
Bank Address:		
Account Number:		Account Name:

Important Note: If the premium is not being paid from an account in the name of the policy owner, we will require an explanation of why the premium is to be paid from a 3rd party, and we will need to verify the identity of the 3rd party account holder.

Details of banks where you hold accounts

Please detail below the names of the bank(s) and branch address, where you hold accounts:

Name	Address
Please continue on a separate sheet if necessary	

Details of other insurance policies held:

Policy Number	Provider	Premium amount per annum	Status (paying, surrendered, paid up)
Please continue on a separate sheet if necessary			

Applicant's Signature	Date

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Incorporated company limited by shares
Registered in the Isle of Man No. 11494
Authorised by the Isle of Man Insurance & Pensions Authority
Provider of life assurance and investment products

United Arab Emirates

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Registered in the United Arab Emirates as an insurance company (Registration No.76)
and as a foreign company (Registration No. 2013)
Authorised by the United Arab Emirates Insurance Authority to conduct life insurance and savings business

