

Oil and Natural Gas

Questionnaire



Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Please give a full and complete answer to each of the following questions continuing your answer on a separate sheet of paper if there is insufficient space.

Please note that failure to disclose the full facts may cause the assurance to be declared void.

Applicant's name

Company name

Policy number

1. Occupation **Unclassified**

Please give details of your duties

2. What is the location of your work?

Is it **Onshore** or **Offshore**?

3. In the future, are you likely to work in other areas of the world? If so, where?

4. Does your work include diving? If so, please complete a Diving Questionnaire

5. Please give the name of your employer

Declaration:

I hereby declare that the above statements are true and complete and agree that this questionnaire, together with the proposal shall form the basis of the contract between myself and the company.

(In own handwriting)

Name of the Applicant

X Signature

Signature of Applicant

Date

Mail Request to: American Life Insurance Company (MetLife), P.O. Box 371916, Dubai, U.A.E.
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