



गुराँस लाइफ इन्स्योरेन्स कम्पनी लि. Form No. 34

Gurans Life Insurance Co. Ltd.

प्रधान कार्यालय: पोष्ट बक्स नं. १९४९९, श्री राज भवन, तिनकुने, काठमाडौं, नेपाल।

फोन नं.: ०१-५१९९३१०, फ्याक्स नं.: ९७७-१-५१९९०९१, ईमेल: info@guranslife.com

Financial Self Declaration Form

Name of Proposer:					
Father's Name					
Husband's Name					
Address:					
Mobile/Phone No.:					
Profession/Business:					
Nature of Business:					
Name of Business:		PAN No.:		VAT No.:	
Year of Establishment:					
Yearly approx Income:					
Yearly Tax Clearance:					
Other Source of Income					
Assets	Details of Assets			Amount (As per current market value)	
House:					
Land:					
Others:					
Liability:					
Loan					
Others					
I..... declare that the information on this form is true and accurate to the best of my Knowledge & belief so I authorize the Gurans life insurance Co. Ltd. to use it as authentic income source.					

Declaration/Proposer's Signature: _____

Date: _____

The above information is verified by

Name of Regional/Branch Incharge:

Designation.....

Office Stamp