

PROPOSAL FORM

Applicant D	etails													
		Mr [M	iss [Re	v]			Dat	e [
Full Name (BLOCK LETTERS)														
Name with Intials														
NIC Number														
Passport Number								Date	of Bir	th				
Postal Address														
Land Phone Number														
Mobilo					1									

E – Mail												
Ocupation												
Product Catagary												
Legend		Pl	atinum I	Plan								
Double harvest		G	ift Plan									
Inflation Plan		Ot	ther									
Investment Details												
Amount Rs.												
In verse:												
Mode of Payment: Single Half												
Monthly Annualy												
Bank Account Details												
Bank												
Branch & Bra	nch Code									<u> </u>	<u> </u>	
Bank Account	Holder											

Number

Bank Account Number					
Benificiary Details					
Full Name					
ID Number					
Relationship					
Nominee Details					
Full Name					
ID Number					
Relationship					
Land Details					
Land Purchs Land Value					
Number of Trees Brand of Trees					
I Declare that the details given in the above application are ture and correct.					
Applicant Name	Signature				

Marketing officer

Name	
Branch	
NIC	
Sales code	
Signature	

Witness

1. 2.

Manager or Sales Manager					
Name					
Branch/C ode					
Designation					
NIC					
Signature					

Regional Manager / Zonal Manager					
Name					
Branch/C ode					
Designation					
NIC					
Signature					

Prepared by:

Name	
Position	
NIC	
Signature	

Checked by:

Name	
Position	
NIC	
Signature	

Approved by:

Name	
Position	
NIC	
Signature	

For Head Office Use Only

Proposal Checked

Date Entered

Proposal Approved