



BAHRIA TOWN

Dated: _____

“Bahria Home Insurance Data Form”

Name:	
CNIC #:	
Res. Telephone:	
Mobile: 1. _____ , 2. _____	
Office #:	
Email:	
Address:	
Tenant / Owner:	
In case of Owner, do you have Tenants living in the same residence: Yes ____, No ____. If yes, kindly fill the tenant’s form appended.	
Plot Size:	
Currently Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes than please specify name of Insurer:
Details of Dependants: 1. Name: _____, Age: _____, Relationship: _____ 2. Name: _____, Age: _____, Relationship: _____ 3. Name: _____, Age: _____, Relationship: _____ 4. Name: _____, Age: _____, Relationship: _____ 5. Name: _____, Age: _____, Relationship: _____	
In case of any Bank locker: 1. Name of Bank: _____ Branch Address: _____	
Any additional Information that you want to mention:	

Declaration:

I hereby indemnify that the information provided above is true and accurate to the best of my knowledge.

Name: _____

Signature: _____