

**Full Name & Signature** 

PT. Asuransi BRI Life

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## JOB / BUSINESS DESCRIPTION FORM

Here by provide an explanation regarding the customer's job/business with the following data,				
SPAJ	: [			
Policy Holder Name	:			
Insured Name	:			
JOB/BUSINESS DESCR	RIPTION	POLICYHOLDER DATA	A	INSURED DATA
The job/business operates in t	he field of			
Institution name				
Position				
Length of business				
Number of employees				
Exact gross income per month				
Exact gross income per year				
Business Address				
This statement is made truthf	fully and acc	curately		
Stated on:				
Date:				
AGENT		Supervisor		Customer

**Full Name & Signature** 

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