**PROPOSAL FORM FOR WORKERS’ COMPENSATION INSURANCE**

*(Issued with Circular No. 329/2016/TT-BTC*

*Dated December 26, 2016 by the Ministry of Finance)*

Proposal form no.:

Name of the Policyholder:

Address of the Policyholder:

Title of the construction works; Location of the construction site:

Period of Insurance: From ........ to .........

List of employees to be insured:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Full name** | **Year of Birth** | **ID Card/Passport Number** | **Title** | **Occupation (\*)** | **Salary of the month nearest to the commencement date** | **Address to receive Claim Discharge form** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

(\*): According to the occupation classification as specified in Annex 9 issued with this Circular.

We/I hereby declare that the statements made by us/me in this Proposal are, to the best of our/my knowledge and belief, complete and true, and we hereby agree that this Proposal and any information provided herein form the basis and are incorporated in the policy. We/I hereby undertake to notify the insurer of any change of the occupation of any employee to be insured during the period of insurance.

 *................., day........... month.......... year.......*

 **POLICYHOLDER**

 *(Sign, specify full name, seal if any)*