

SBI General Flexi Home Insurance PROPOSAL FORM

Important:

1. This proposal is for covering Home Building and/or Home Contents, if opted against Fire & Add-On Covers for Additional Perils
2. Read the Prospectus/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium paid.
4. Note (*) marked details are mandatory to be captured as per applicability.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	
Segment Type:	<input type="checkbox"/> Corporate <input type="checkbox"/> Retail <input type="checkbox"/> SME
Sales Channel Type:	<input type="checkbox"/> Banca <input type="checkbox"/> Agency <input type="checkbox"/> Direct
Intermediary/Agent Name / Broker Code	
Business Sector:	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social
Policy Type	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover
Agreement Code:	
Specified Person's Code*:	
Specified Person's Name*:	

A. Details about Proposer and Policy Period *

1.	Name of Proposer	
	Ownership	Single or Joint
Please specify the details of Co applicants		
a.	Name of Co-applicant 1: Date of Birth of Co-applicant:	
b.	Name of Co-applicant 2: Date of Birth of Co- applicant:	
2.	Present Address*:	<div style="display: flex; justify-content: space-between;"> <div> City: Gram Panchayat: PIN code: </div> <div> Village: State: Landmark: </div> </div>
	I. Are you the owner / tenant? II. Is the premises is occupied by the owner (landlord)	Owner / Tenant Yes <input type="checkbox"/> / No <input type="checkbox"/>
	My Present Address is same as Permanent Address	Yes <input type="checkbox"/> / No <input type="checkbox"/>

	If No then Provide Permanent Address*:	City: _____ Village: _____ Gram Panchayat: _____ State: _____ PIN code: _____ Landmark: _____																																	
3.	Phone No. a. Mobile b. Landline																																		
4.	Alternate Mobile No																																		
5.	Email																																		
6.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions (Please provide the loan amount)	_____ _____																																	
7.	Period of Insurance	From: DD / MM / YYYY To: DD / MM / YYYY (No of Years in case of long-term policy: _____) Note: For Long term policy, Period shall not exceed 30 years.																																	
8.	Nomination:	<table border="1"> <thead> <tr> <th>Name of Nominee</th> <th>Relationship</th> <th>Address of the Nominee</th> <th>Age of nominee</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name of Nominee	Relationship	Address of the Nominee	Age of nominee																												
Name of Nominee	Relationship	Address of the Nominee	Age of nominee																																
9.	The digital copy of your policy document will be sent to the registered mobile number or registered email ID. Please tick the required mode of receiving the policy document	SMS <input type="checkbox"/> WhatsApp <input type="checkbox"/> Email ID <input type="checkbox"/>																																	
10.	Nationality & Date established, DOB of Proposer	_____ & DD/MM/YYYY DD/MM/YYYY																																	

11.	PAN No: Form 60/61 (if Pan not Available): Aadhaar Card No.:	XXXXXXXXXX xxx xxxx xxxx xxxx
12.	GSTN/ISDN:	

B. Covers Opted

1.	Is there any policy in place for the same property?	Yes/No											
	If Yes, please provide the details												
2.	Cover/s required: (When Home Building and Home Contents)	<table><tr><th>Cover</th><th>Please tick</th></tr><tr><td>Home Building & Home Contents</td><td></td></tr><tr><td>Home Building Only</td><td></td></tr><tr><td>Home Contents Only</td><td></td></tr><tr><td>Home content excluding jewellery</td><td></td></tr></table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only		Home content excluding jewellery		
Cover	Please tick												
Home Building & Home Contents													
Home Building Only													
Home Contents Only													
Home content excluding jewellery													
3.	Underinsurance Waiver	Yes <input type="checkbox"/> / No <input type="checkbox"/>											
4.	Would you like to opt for change in deductible?	Yes <input type="checkbox"/> / No <input type="checkbox"/>											

C. Location of Home Building

1.	Location of Home Building - full postal address with Pin Code.	Full postal: Address with: Pin Code:
2.	Is it in a multi-storey building or is it a standalone house?	
3.	In case of multi-storey building, please provide the floor number of Your house	
4.	Is there a basement to Your house?	

D. Details of Home Building

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

1.	<p>Sum Insured (SI) for Home Building:</p> <p>Please note the following:</p> <p><i>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</i></p> <p>a. For residential structure of Your Home including fittings and fixtures:</p> <p><i>Carpet area of the structure in square metres/square feet X Rate of Cost of Construction at the policy Commencement Date.</i></p> <p><i>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</i></p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p>								
	<p>b. For additional structures: <i>the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</i></p>	<p>b. SI for additional structures (in ₹):</p> <table><tr><th>Additional Structure</th><th>Sum Insured (₹)</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Additional Structure	Sum Insured (₹)						
Additional Structure	Sum Insured (₹)									

2.	Carpet area of structure of Home in square metres/ square feet*	
3.	Rate of Cost of Construction per square metre/ square feet at the policy Commencement Date *	

Other Details

1.	Age of Home Building	<table><tr><td>Less than 5 years</td><td></td></tr><tr><td>5-10 years</td><td></td></tr><tr><td>10-20 years</td><td></td></tr><tr><td>Above 20 years</td><td></td></tr></table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										
2.	<p>Construction Details</p> <p><i>Please note the following:</i></p> <p><i>(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin, and the like are treated as Kutcha Construction.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>	<table><tr><td></td><td>Construction*</td></tr><tr><td>Walls</td><td>Kutcha / Pucca</td></tr><tr><td>Floor</td><td>Kutcha / Pucca</td></tr><tr><td>Roof</td><td>Kutcha / Pucca</td></tr></table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*									
Walls	Kutcha / Pucca									
Floor	Kutcha / Pucca									
Roof	Kutcha / Pucca									

Details of Home Contents**Please note the following:**

- I. **Home Contents** refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- II. **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- III. **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

1.	Home Contents Cover If You have opted for Home Contents cover, please provide item wise Sum Insured for General Contents.
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	(Sum Insured represents cost of replacement)													
	Item wise Sum Insured for Home Contents in (₹):													
	<table border="1"> <thead> <tr> <th>S.no</th> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	S.no	Items	Sum Insured										
S.no	Items	Sum Insured												
2.	In case of Basement, If there are contents in it, please provide the Sum Insured:													
E. Optional Perils (available on payment of additional premium)														
1.	Earthquake(Inc. Tsunami)	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
2.	Storm, Tempest Cyclone, Typhoon, Hurricane, Tornado	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
3.	Loss caused due to Flood and Inundation	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
4.	Loss caused due to Lightning	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
5.	Explosion of domestic pressure vessels	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
6.	Subsidence, Landslide, Rockslide, Avalanche	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
7.	Bush Fire, Forest Fire	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
8.	Impact Damage of any kind	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
9.	Loss caused due to Missile Testing Operations	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
10.	Riot, Strikes, Malicious Damages	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
11.	Bursting or overflowing of water tanks, apparatus and pipes	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
12.	Leakage from automatic sprinkler installations	Yes <input type="checkbox"/> / No <input type="checkbox"/>												
F. Optional Covers (available on payment of additional premium)														

1.	Acts of terrorism Do you wish to opt for below coverage under Terrorism Cover? i. Sabotage and Terrorism Damage Cover Endorsement (Material Damage only) - Yes <input type="checkbox"/> / No <input type="checkbox"/> ii. Political Violence cover required – Yes <input type="checkbox"/> / No <input type="checkbox"/> iii. Third Party Liability Cover required – Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2.	Employees Compensation Insurance Yes <input type="checkbox"/> / No <input type="checkbox"/> 2(a) Motor car driver, Cleaners and attendants Yes <input type="checkbox"/> / No <input type="checkbox"/> No. of person _____ SI per person _____ 2(b) Mali and others Yes <input type="checkbox"/> / No <input type="checkbox"/> No. of person _____ SI per person _____ 2(c) Bearears, hamals, cooks, sweepers, khitmatgars and Mehters Yes <input type="checkbox"/> / No <input type="checkbox"/> No. of person _____ SI per person _____	
3.	Public Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4.	Burglary / Theft of contents & personal belongings (on FLB)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5.	Contents (excluding Jewellery)	Yes <input type="checkbox"/> / No <input type="checkbox"/> SI _____
6.	Do You require 'Cover for Valuable Contents on Agreed Value Basis <i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, please mention the total amount: Valuation certificate attached? (Yes/No) First Loss Basis - <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 65% <input type="checkbox"/> 75% <input type="checkbox"/> Beyond 75%

Valuable Contents	SI Opted
Jewellery Items (others)	
Valuable items (others)	

7.	Do You require 'Personal Accident Cover' for Yourself and Your Family?	Yes/No	If Yes, Please provide the details below:	Relationship	Name	DOB/ Age	SI
							₹
							₹
							₹
							₹
							₹
							₹
							₹
8.	Accidental Damage Cover – General Contents						
9.	Temporary Resettlement Expenses						
10.	EMI Protection	EMI amount _____	3 Months <input type="text"/> 6 Months <input type="text"/> Sum Insured _____				
11.	Utility Expense Cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>					
12.	Electrical Clause / Electrical Installation Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>					
13.	Tenant Liability Cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>					
14.	Pet Insurance	Yes <input type="checkbox"/> / No <input type="checkbox"/>					
15.	Loss of Key	Yes <input type="checkbox"/> / No <input type="checkbox"/>					
16.	Cover for (Please Tick) <div> <div>1.Loss of Rent</div> <div>2.Rent for Alternative Accommodation</div> </div>	Yes <input type="checkbox"/> / No <input type="checkbox"/> Yes <input type="checkbox"/> / No <input type="checkbox"/>	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured: II. Number of Months:				
17.	Architect & surveyor fee	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Up to 5% of claim amount				

18.	Removal of debris	Yes <input type="checkbox"/> / No <input type="checkbox"/>	up to 2 % of the claim amount
19.	Loss of Cash while transit	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Transit Limit _____
20.	Fine Art	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
	*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person? *If yes, please provide details for all person(s) in a separate sheet.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT " to 561612 from your registered mobile number

Alternate number has to be different from the provided mobile number.

G. Nomination Details

Nominee 1	
Name *	
Relationship with Nominee *	
Mobile Number*	
Date of birth of nominee*	
Percent of claim payable*	
Email Id	
Permanent Address*	
Bank details of nominee*	Bank Name ____ Branch Name ____ Bank Account Number ____ Ifsc Code ____

*Where Nominee is a minor, please give the details of Appointee/Authorized person.	
Name*	
Relationship with Nominee*	
Date of birth*	
Nominee 2	
Name *	
Relationship with Nominee *	
Mobile Number*	
Date of birth of nominee*	
Percent of claim payable	
Email Id	
Permanent Address*	
Bank details of nominee*	Bank Name____ Branch Name ____ Bank Account Number____ Ifsc Code____
*Where Nominee is a minor, please give the details of Appointee/Authorized person.	
Name	
Relationship with Nominee*	
Date of birth*	

H. Premium Payment & Bank Account Details

Premium Amount *	
Cheque/General No*	
Date	DD/MM/YYYY
Premium Payment Option*	Cheque <input type="checkbox"/> EFT <input type="checkbox"/> DD Debit <input type="checkbox"/> Card/ Credit Card <input type="checkbox"/>
Bank Name *	
IFSC Code	
Bank Account No*	
Branch Name*	
Card Details*	Master <input type="checkbox"/> Visa <input type="checkbox"/>
Card No*	
Card Expiry Date*	MM/YYYY

Insured Bank Details*(Claims/Refund amount will be deposited in this Bank account only unless change subsequently)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly)

Name of Account Holder	
Bank Name:	
Branch Name:	
Bank Account No.:	
IFSC Code:	
MICR Code:	

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

I. Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

Declaration:

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

I hereby declare that I am not a Politically Exposed Person (PEP)- ☐ Yes ☐ No

Date:

Place: _____

Signature of Proposer

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I have eIA Number	□□□□□□□□□□□□□□
I would like to apply for eIA with	<input type="checkbox"/> NSDL Database Management Ltd <input type="checkbox"/> Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

	<input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Insurance Repository Services Ltd
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My CKYC No (Central Know Your Customer Registry Number), (if available)	<input type="text"/>
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I _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date: DD /MM /YYYY

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)

KYC DOCUMENTS ATTACHED

- ☐ Pan Card
 ☐ Telephone Bill
 ☐ Passport
 ☐ Government UID
 ☐ Voter's Identity Card
☐ Utility bills not older than 2 months
 ☐ Driving Licence
 ☐ Electricity Bill
 ☐ Ration Card
☐ Aadhaar Card

PAYMENT DETAILS ☐ CHEQUE ☐ DD ☐ EFT ☐ DEBIT/CREDIT CARD

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY
UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Instrument Number : Amount Date:

Bank Name:

Branch: _____ Bank Account

IFSC Cod

* Note - SBIG does not accept Cash for Premium Payments against the Policy

AML GUIDELINES**(Premium Payment shall be made by the Policyholder of the Policy)**

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐/Non-Indian ☐

If Non-Indian, please specify Country: _____

Type of Organization (Only applicable if policy is issued in group basis):

Corporations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Government <input type="checkbox"/>	Non-Governmental Organizations <input type="checkbox"/>
Society <input type="checkbox"/>	Trust <input type="checkbox"/>	International Organization <input type="checkbox"/>
Partnership <input type="checkbox"/>	Cooperatives <input type="checkbox"/>	Section 8 Companies <input type="checkbox"/>

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.

Recent photograph of Proposer:

(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer

VERNACULAR DECLARATION

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, _____ (Full name of the witness) _____

(Relation _____ with _____ the Proposer/Primary insured) _____ adult and inhabitant of (city) and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness
Proposer/Primary Insured

Signature/Thumb impression of the

Date:

DD	MM	YYY
----	----	-----

Place: _____

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the

Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Agent Name:

SP Name:

SP Code:

License No.: _____

Signature of Agent

Date:

DD	MM	YY
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Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate	Percentage (%)*	Remarks. if

***Notes:**

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten** percent of shares or capital or profits of the company;

2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten** percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.