





<input type="checkbox"/> Maternity Expenses New-born Baby Cover	Up to 2 lakhs sum insured
<input type="checkbox"/> Hospital Daily Cash	<b>Plus Plan</b> <input type="checkbox"/> ₹500 per day up to 10 days maximum <b>Pro Plan</b> <input type="checkbox"/> ₹500 per day up to 10 days maximum <input type="checkbox"/> ₹1000 per day up to 10 days maximum
<input type="checkbox"/> Consumables	
<input type="checkbox"/> Global Cover	
<input type="checkbox"/> Radio Cab	Up to ₹3000 per hospitalization
<input type="checkbox"/> Air Ambulance	Up to ₹500000
<input type="checkbox"/> Recovery Benefit	<b>Plus Plan</b> <input type="checkbox"/> ₹5000 <b>Pro Plan</b> <input type="checkbox"/> ₹5000 <input type="checkbox"/> ₹10000 <input type="checkbox"/> ₹25000
<input type="checkbox"/> Personal Accident Cover	<b>Plus Plan</b> <input type="checkbox"/> ₹1000000 <b>Pro Plan</b> <input type="checkbox"/> ₹1000000 <input type="checkbox"/> ₹2000000
<input type="checkbox"/> Unlimited Restore Benefit	
<input type="checkbox"/> Reduction in Room rent	<input type="checkbox"/> Actuals to Single Private A.C Room <input type="checkbox"/> Actuals to Twin Sharing Room
<b>Value Added Services</b>	
<input type="checkbox"/> E-Opinion	Unlimited
<input type="checkbox"/> Stay fit Health Check Up	Up to ₹5000 (Annual)
<b>Waiting Periods</b>	
<input type="checkbox"/> Change in Pre-existing waiting period	<input type="checkbox"/> 3 Years <input type="checkbox"/> 1 Year
<input type="checkbox"/> Change in Maternity Waiting Period	<input type="checkbox"/> 4 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year
<input type="checkbox"/> Reduction in Specific disease waiting period	<input type="checkbox"/> 1 Year

Note –

- i. <sup>s</sup>Optional Covers will be at policy level for Individual or Floater Policies except Maternity Expenses and New-born Baby Cover
- ii. Maternity Expenses – This benefit shall be available for deductible options of ₹5 Lacs & above
- iii. Hospital Daily Cash – Irrespective of Policy type, this Benefit shall be available on an individual basis to each eligible Insured Person.
- iv. Global Cover – This benefit shall be available for deductible options ₹20 Lacs & above
- v. Personal Accident Cover – Cover is available for 'Primary Insured Person' only. Primary Insured Person shall mean the Insured Person who has paid the premium for this Policy and included as 'Self'.

### Details of the person proposed to be Insured

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Name*								
Date of Birth (DD/MM/YYYY)*^								
Age*								
Gender*								
Marital Status*								

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Height (in cms) *								
Weight (in Kgs) *								
Nationality*[Indian/ Non-Indian/ Non - resident Indian/ Others)								
Citizen of India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation and Nature of Business / Work*								
Relationship with the Proposer*								
ABHA (Ayushman Bharat Health Account) number (if available)#								
Maternity Expenses <sup>§</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual</b>								
Basic Sum Insured*								
Deductible*								
<b>Floater</b>								
Basic Sum Insured*								
Deductible*								

I/We hereby provide consent to share my/our medical records with the insurer or TPA

#If ABHA number is not available, it can be created at [www.healthid.ndhm.gov.in](http://www.healthid.ndhm.gov.in)

<sup>§</sup>Maternity Expenses

- Benefit is available only to female members between the age group 18 years to 45 years.
- Those female Insured Persons who are already having two or more children will not be eligible for this benefit.
- Female member covered as 'Spouse' will be eligible for Maternity Expenses cover under Family Floater Policy (no other relationship will be accepted under Maternity Expenses cover).

In case, policy is proposed for more than 8 Insured persons, kindly fill the details in an annexure.

## Nominee Details\*

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee and the receipt of the proceeds by such nominee would be sufficient discharge to the company. For all other persons covered under the policy, the proposer will be the nominee. Nominee must be immediate relative (Mother, Father, Spouse, Son, and daughter) of proposer.

Nominee Name	Nominee Contact Number	Nominee Date of Birth	Nominee Gender	Nominee Relationship
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Nominee Address</b>				

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship with Nominee	Appointee Address	Appointee Contact details

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

## Previous / Existing Insurance

Are you applying for portability / Migration: Yes  No

(If "Yes", please fill the separate portability form also)

### 1. Previous Health Insurance Details

Does any person to be insured holds any Health Insurance Policies from SBI General Insurance or any other Insurer?

Yes  No  If Yes, then provide below details

Previous Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Policy Number								
Insurer Name								
Period of Insurance								
Sum Insured (in ₹.)								
Claim Details (if any)								
Cumulative Bonus (if any, in ₹.)								

### 2. Existing SBIG Insurance Policy Details<sup>#</sup>

Does any person to be insured holds any Insurance Policy (other than SBIG Health Super Top-Up/ Personal Accident/ Travel) from SBI General Insurance?

Yes  No  If Yes, then provide below details

Existing/ Concurrent Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Product Name								
Policy Number								
Period of Insurance								

<sup>#A</sup> "Cross sell discount" will be applicable if the Insured has an active retail health insurance policy (other than SBIG Health Super Top-Up/ Personal Accident/ Travel) or non-health insurance policy or the Proposer is covered under active Group Health Policy offered by SBI General Insurance Company Limited.

## Medical And Life Style Information\*

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of illness/ diseases or any pre-existing accidental injury? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

Insured Name	Name of Illness/ disease/ Injury/Disability	Duration since suffering from	Medications details (present/ past) please specify	Are you fully cured – Yes/ No?
Insured 1				
Insured 2				
Insured 3				
Insured 4				
Insured 5				
Insured 6				

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

## Additional Medical History (If Any)

(Describe complete details of disease, Surgery if any, Disability %, date of diagnosis, details of treatment) \_\_\_\_\_

## Details Of The Family Doctor

Name of the Doctor:

Mobile No.:  Contact No.:

Registration No. of the Family Doctor:

## Premium Payment And Bank Account Details\*

Premium Amount: (in figure) ₹  (in words)

Name of Premium payor:

Premium Payment Options:  Cheque  DD  Debit Card/ Credit Card Cheque No.:

Bank Name:

Amount:  Date:  Card Expiry Date:

Bank Account Number:  Card Type:  Master  Visa

IFSC Code:  Card No.

Branch Name:

Relationship with Proposer:

SBIGI does not accept Cash for Premium Payments against the Policy

In case of refund under Proposal, Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly.

Cheque No.:  Cheque Date:  Amount for ₹:

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.

## Electronic Insurance Account Details\*

Choose your Insurance Repository (For those selecting e-Format)

- (a) NSDL Data Management Ltd.  (b) CDSL Insurance Repository Ltd.
- (c) Karvy Insurance Repository Ltd.  (d) CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is:

My CKYC No. (Central Know Your Customer registry number) is (if available):

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

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

### Declaration For Update Via Digital Mode

"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/ services from SBI General Insurance Company Limited related to my Insurance Policy through my registered mobile number & email".

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: 

--

--

Signature of Proposer

### Renewal Payment Sign-Up

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

I want to opt for the ACH/SI renewal option.

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: 

--

--

Signature of Proposer

### 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 bona fide 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 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  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

**Type of Organisation (Only applicable if policy issued on Group Basis):**

Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 Companies

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

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

## Insurer Declaration

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

## Declarations On Behalf Of All Persons Proposed To Be Insured\*

1. I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorised to propose on behalf of these other persons.
2. I/We understand that the information provided by me/us will form the basis of the Insurance Policy, is subject to the Board approved underwriting policy of the Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the person to be Insured / Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/ We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be Insured/ Proposer and seeking information from any Insurance Company to which an application for Insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
5. I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.
6. I/We aware of premium loading, (if any declared above) for habit's as declared/ mentioned by me /us above.
7. I/ We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as a account holder and is not a third party payment made by any other person on my/our behalf.

Date:

Place:

Signature of Proposer

## Proposer Declaration\*

The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Date:

Place:

Signature of Proposer

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.



## Agent Declaration

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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.: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: \_\_\_\_\_

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 Insured

Signature/Thumb impression of the Proposer/Primary.

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: \_\_\_\_\_

**Sharing of Information:** The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details are sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

## Section 41 Of Insurance Act, 1938

- 1) 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 or risk relating to lives or property in India, any rebate of 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.

Insurance is subject matter of solicitation.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBIG Health Super Top-Up, UIN: SBIHLIP25035V012425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

**AML Declaration as per AML Master Guideline 2022:**

1. 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 Beneficial Owner	Percentage (%)*	Remarks, if any

**\*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.**
- 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.

Date:

Signature of Policyholder: