

PROPOSAL FORM

CYBER VAULTEGE

Note:

The liability of the Company does not commence until the proposal has been accepted, duly conveyed to the applicant and premium has been realized by SBI General Insurance Company Limited. ("Company").

OFFICE USE ONLY

Policy Issuing Office Address & Code	<input type="text"/>																				
Quote No:	<input type="text"/>										Inward No:	<input type="text"/>									
Receipt No:	<input type="text"/>										Receipt Date:	<input type="text"/>									
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Rollover	<input type="checkbox"/> Renewal (In case of renewal please share policy number -----)																		
Sales Channel Type:	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct	<input type="checkbox"/> Corporate/Broker																		
Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social	<input type="checkbox"/> Others																	

INTERMEDIARY'S DETAILS

Intermediary Name	<input type="text"/>
Intermediary code	<input type="text"/>
Intermediary Contact Details	<input type="text"/>
GSTN/ ISDN	<input type="text"/>

DETAILS ABOUT PROPOSER AND POLICY PERIOD:

Name of the Proposer*:	<input type="text"/>																															
Present Address*: (Current Residing Address)	<input type="text"/>																															
City:	<input type="text"/>										Village:	<input type="text"/>																				
Gram Panchayat:	<input type="text"/>										State:	<input type="text"/>																				
PIN code:	<input type="text"/>					Landmark:	<input type="text"/>																									
My Present Address is same as Permanent Address	<input type="checkbox"/>																															
Permanent Address*:	<input type="text"/>																															
City:	<input type="text"/>										Village:	<input type="text"/>																				
Gram Panchayat:	<input type="text"/>										State:	<input type="text"/>																				
PIN code:	<input type="text"/>					Landmark:	<input type="text"/>																									
Nationality:	<input type="text"/>										Date of Birth*:	<input type="text"/>																				
Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Marital Status*:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried																										
Nature of Business:	<input type="text"/>										Email ID:	<input type="text"/>																				
Aadhar Number*:	<input type="text"/>										PAN*:	<input type="text"/>										/Form 60/61 (If PAN not available):										
Passport/Driving License/Voter ID:	<input type="text"/>																															
Profession:	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Other	Details:	<input type="text"/>																											
Contact No.*:	<input type="text"/>										Mobile No.:	<input type="text"/>										Alternate Contact No.:	<input type="text"/>									
GSTN/ISDN:	<input type="text"/>										If applicable																					

Do You wish to cover Your family under this Policy? ☐ Yes ☐ No

*(please note: Family is restricted and limited to spouse and maximum 2 dependent children up to 18 years only)

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 <Policy Number>" to 561612 from your registered mobile number.

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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. | Cyber VaultEdge, UIN: IRDAN144RP0059V01202122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

NOMINEE DETAILS*

Nominee 1

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

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:

Bank details of Appointee: Bank Name: Branch Name:

Bank Account Number: IFSC Code:

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

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:

Bank details of Appointee: Bank Name: Branch Name:

Bank Account Number: IFSC Code:

Note (*) marked fields are mandatory

Current Insurance Details with SBI General

Policy Number	<input type="text"/>
Period of Insurance	<input type="text"/>

Are you or any of the proposed applicant _____, please tick whichever is applicable: ☐ Yes ☐ No

HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐ PEP ☐

If yes, please provide details for all person(s) in a separate sheet.

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.

COVER AND SUM INSURED DETAILS

Limit of liability - Section based Limit ☐

Aggregate Limit [Tied-up Limit] ☐

Rs. _____

Section	Cover Name	Select Cover	Select Limit of Liability (Rs) (Please tick ✓ if 'Section based Limit' is opted)	
1	Theft of Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
2	Identity theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
3	Data Restoration / Malware Decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
4	Cyber Bullying, Stalking and loss of Reputation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
5	Cyber Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
6	Online Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000

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7	Online Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
8	Social Media and Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
9	Network Security Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
10	Privacy Breach and Data Breach liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
11	Privacy Breach and Data Breach by third party	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
12	Smart Home Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	

13	Liability for intentional misbehavior of underage persons*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000

(*Note – The cover no 13 can be opted for family and this cover is not available for individual policy)

Has any Computer System (e.g. incl smartphone) owned by you or your family (if applicable) ever been hacked in the past?

☐ Yes ☐ No

If "Yes", please provide details _____

Has any claim been made by you in respect of the risks to which this proposal relates?

☐ Yes ☐ No

If "Yes", please provide details _____

Have you or your family (if applicable) ever made a demand, claim and complaint or filed a lawsuit against third party alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information?

☐ Yes ☐ No

If "Yes", please provide details _____

Have you or your family (if applicable) ever been a victim of online fraud and/or online-defamation?

☐ Yes ☐ No

Auto Renewal – ☐ Yes

☐ No

Digital only policy – ☐ Yes

☐ No

ELECTRONIC INSURANCE ACCOUNTS DETAILS

Policy No. / Application No.	Insurer Name	Period of Insurance (from – to)	Sum Insured	Claims lodged during the preceding years

I want Cyber VaultEdge Policy, SBI General Insurance Company Limited related information in –

Physical Format - Yes ☐ No ☐ e-Format (electronic) as & when applicable - Yes ☐ No ☐

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

(a) NSDL Database Management Ltd ☐ (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐

(c) Karvy Insurance Repository Ltd. ☐ (d) CAMS Insurance 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 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:

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

PREMIUM DETAILS*Mode of Payment: Cheque ☐ EFT ☐ Debit Card / Credit Card ☐

Payment Details:

Cheque / Journal No.: Date: Bank Name: IFS Code: Bank Account Number: Branch Name: Card details: Master ☐ Visa ☐ Others ☐ Card No* Card Expiry Date: Amount:

SBI General Insurance does not accept Cash for Premium Payments against the Policy.

KYC DOCUMENTS ATTACHED

☐ Pan Card ☐ Passport ☐ Government UID ☐ Voter's Identity Card ☐ Aadhaar Card ☐ Telephone Bill

☐ Ration Card ☐ Driving Licence ☐ Electricity Bill ☐ Utility bills not older than 2 months ☐ Registration Certificate

BANK DETAILS (For Refund Process*)

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 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.

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: Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin ☐

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

If Person of Indian Origin 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 8 CompaniesI 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 :

INSURED 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 the 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 misrepresentation, 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.
- The details filled in the proposal form would be used for new as well as for renewal purposes.
- Do you suffer from any disability? Yes ☐ No ☐

If Yes, please state the type of disability. _____

Please share the percentage of disability. _____

UDID Number _____

Date:

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

Place: _____

Signature of Insured

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.)

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

Date:

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

Place: _____

AGENT'S 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.

License No.: _____

Date:

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

Place: _____

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Signature of Agent

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 is 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.

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 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.

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 Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

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

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