

SBI GENERAL BHARAT GRIHA RAKSHA

Important: (* Mandatory Fields)

1. This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/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.

*Quote No:

*Business Type: New Rollover Renewal *Incase of renewal, please share Policy Number

*Policy No.:

*Branch Office Name:

*Branch Office Code:

*Segment: Corporate Retail SME-1 SME-3

*Sales Channel Type: Agency Direct Corporate/ broker

*Intermediary Name:

*Intermediary Code: *Agreement Code:

*SP Name: *SP Code-Party ID:

*SP Mobile No.: *RM ID:

Business Sector: Urban Rural Social Others

Sales Channel Type: Agency Direct Corporate/ broker

Note: In this section the * mark is for all the mandatory fields.

Details about Proposer and Policy Period:

1. Name of the Proposer's*:

Loan Account No.:

Do you have an existing relationship with SBI General? Yes No If Yes, please mention the Customer ID

Customer ID: SBI Employee ID:

Present Address*
Current Residing Address)
City: Village:
Gram Panchayat: State:
Pin Code*: Landmark:

My Present Address is same as Permanent Address

Permanent Address*
City: Village:
Gram Panchayat: State:
Pin Code*: Landmark:

Date of Birth*: Gender*: M F Other

Contact Details*: Mobile No.: Alternate Mobile No.:

Email ID*: Marital Status*: Married Single

SMS WhatsApp Email ID

3. Aadhaar No.: PAN No.*: / Form 60/61 (if PAN not Available)*:

Profession: Salaried Self-Employed Others GSTIN:

4. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

5. Period of Insurance: From to

(No. of Years in case of long term Policy : _____) Note: For Long term policy, period shall not exceed 10 years.

Disclaimer : SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factors, 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 license | SBI General Bharat Griha Raksha, UIN: IRDAN144RP0032V01202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

Appointee Name:

Date of Birth Appointee: Appointee Contact Details:

Appointee Relation:

7. Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person? Yes No

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.

Covers Opted:

8.	Is there any Policy in place for the same property?	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
	If yes, please provide the details									
9.	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="0"> <tr> <td>Cover</td> <td>Please tick</td> </tr> <tr> <td>1. Home Building and Home Contents (If you want Home Building cover with 20% inbuilt general contents tick this)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Home Building only (If you want only Home Building cover tick this)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Home Contents only (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)</td> <td><input type="checkbox"/></td> </tr> </table>	Cover	Please tick	1. Home Building and Home Contents (If you want Home Building cover with 20% inbuilt general contents tick this)	<input type="checkbox"/>	2. Home Building only (If you want only Home Building cover tick this)	<input type="checkbox"/>	3. Home Contents only (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)	<input type="checkbox"/>
Cover	Please tick									
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3. Home Contents only (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)	<input type="checkbox"/>									
	Do you wish to opt out of automatic general content cover ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>								

Location of Home Building:

10.	Location of Home Building - full postal address with PIN Code:	PIN Code:
11.	Is it in a multi-storey building or is it a standalone house?	multi-storey building <input type="checkbox"/> standalone house <input type="checkbox"/>
12.	In case of multi-storey building, please provide the floor number of your house	
13.	Is there a basement to your house?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

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 and used as part of your Home Building:

- garage, domestic out-houses used for residence, as parking space or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the likes
- septic tanks, biogas 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.

14.	<p>Sum Insured (SI) for Home Building: Please note the following: (The amount required to construct Your Home Building at the Policy Commencement Date. This amount is calculated as follows: a. For residential structure of your Home including fittings and fixtures: Carpet area of the structure in square metres X Rate of Cost of Construction on the Policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of your Home Building on the Policy Commencement Date.</p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p>
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	b. For additional structures: The amount that is based on the prevailing rate of cost of construction on the Policy Commencement Date.)	b. SI for additional structures (in ₹):								
		<table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Additional Structure	Sum Insured (in ₹)						
Additional Structure	Sum Insured (in ₹)									
15.	Carpet area of structure of Home in square metres									
16.	Rate of Cost of Construction per square metre at the Policy Commencement Date									
17.	Other Details Age of Home Building	<table border="1"> <tbody> <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> </tbody> </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										
18.	Construction Details Please note the following: (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. (Construction other than Kutcha Construction is a 'Pucca Construction')	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <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> </tbody> </table> (*strike out what is not applicable)		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 for 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. iv) If you have opted for Home Building and Home Contents cover, the General Contents of your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.									
19.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents cover only, please provide item-wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item-wise Sum Insured for General Contents (in ₹): <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured									
Furniture, Fixtures and Fittings (Home Furnishings)										
Electrical/Electronic										
Others										
20.	In case of Basement, If there are contents in it, please provide the Sum Insured									

In-Built Covers (Loss of Rent & Rent for Alternative Accommodation) :

21.	Cover for (Please Tick) <table border="1"> <tbody> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </tbody> </table>	Loss of Rent		Rent for Alternative Accommodation		Loss of Rent: I. Sum Insured II. Number of Months Rent for Alternative Accommodation: I. Sum Insured II. Number of Months
Loss of Rent						
Rent for Alternative Accommodation						

Optional Covers (available on payment of additional premium):

22.	Do you require 'Personal Accident Cover' for yourself and your spouse?	Yes <input type="checkbox"/> /No <input type="checkbox"/> If Yes, _____ Name & age of your spouse: Your age: <input type="text"/> <input type="text"/>
23.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)?' (Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a valuation certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is up to ` 5 Lakh and Individual item value does not exceed ₹1 Lakh)	Yes <input type="checkbox"/> /No <input type="checkbox"/> If Yes, please attach list of items and Sum Insured: _____ _____ _____ Valuation certificate attached? Yes <input type="checkbox"/> /No <input type="checkbox"/>

Additional/Add-on Covers (over and above optional covers available on payment of additional premium):

Sl.No.	Name of Add-on cover	Sum insured

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.

*Relationship with Nominee:

*Date of Birth:

Bank details of Appointee: Bank Name: Branch Name:

Bank Account Number: IFSC Code:

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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.

*Relationship with Nominee: *Date of Birth:

Bank details of Appointee: Bank Name: Branch Name:
 Bank Account Number: IFSC Code:

Note (*) marked fields are mandatory

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:

SBIGI does not accept Cash for Premium Payments against the Policy.

Bank Account Details For Process Of Refund*:

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.

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

Electronic Insurance Accounts Details:

I would like Bharat Griha Raksha Policy and related information in: Physical Format e-Format (electronic)

I have eIA Number:

I don't have an eIA and I would like to apply for eIA with:
 (a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

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(c) Karvy Insurance Repository Ltd.

(d) CAMS Insurance Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

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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:

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

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.

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

If Foreign National 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 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)

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Signature of Proposer

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

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Declaration by Proposer

1. 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.
2. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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
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Place:

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Signature of the Proposer

Agents 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.

Licence No. _____

Date:

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

Place:

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Signature of Agent

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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.

Date:

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

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer/Primary Insured

Insurance Act, 1938, Section 41-Prohibition of Rebates

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 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 or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

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:**

- 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.