

Guidelines for Completion of The Form

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Kindly contact sbiqic's offices or agents for any doubts or clarifications on the proposal form.

Note: The liability of SBIGIC does not commence until this proposal has been accepted by SBIGIC and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

1. Marketing Officer: [][][][][][][][][] Code: [][][][][][][][]

2. Branch Office: [][][][][][][][]

3. Broker/Agent Name: [][][][][][][][][][][][][][][][][][] Code: [][][][][][][][]

4. Business Sector: [][][][][][][][][][][][][][][][][][] Urban [] Rural [] Social []

5. Please mention duration of cover: [] 1 Year

6. Policy Period: From [D][D][M][M][Y][Y][Y][Y] to [D][D][M][M][Y][Y][Y][Y]

7. Name of the Proposer:	<input type="text"/>																									
8. Address:	<input type="text"/> <input type="text"/>																									
	City: <input type="text"/>													State: <input type="text"/>												
	Pincode: <input type="text"/>													Gender : M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>												
	Phone No.: <input type="text"/>													Email ID: <input type="text"/>												
	Date of Birth: <input type="text"/>													PAN*: <input type="text"/> /Form 60/61 (if Available): <input type="text"/>												
	AADHAAR No. / Passport / Driving License/ Voter Id: <input type="text"/>																									
Occupation:	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Any Other <input type="checkbox"/>																									
9. Address if animals are stabled at other than above address :	<input type="text"/> <input type="text"/>																									
	City: <input type="text"/>													State: <input type="text"/>												
	Pincode: <input type="text"/>													Gender : M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>												
	Phone No.: <input type="text"/>													Email ID: <input type="text"/>												
	Date of Birth: <input type="text"/>																									

(Please provide details of any Personal Accident cover that you hold either with SBI General Insurance Company Ltd. or any other Insurance Company)

10. Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

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. | Sheep and Goat- Micro Insurance Product UIN: IRDAN144MP0002V01202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Type of Animal	Gender	Age	Description of the Animal			Market Value/S.I. (Max. upto Rs 1 lakh per Live-stock)	Ear Tag No.	Vaccination details (If any)
Sheep, Goat	M/F		Color	Breed of animal (In-digenous/ Crossbred/ Exotic)	Purpose of the animal			
12. Please state whether a certificate of good health issued by a qualified veterinary doctor for each animal proposed for insurance is attached						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Please mention the existing diseases for the animal to be covered.								
14. Whether own Veterinary Services Available						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15. Provide following information, in case of farm								
Is a qualified Veterinary Doctor employed to look after the farm						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If answer to the above question is "Yes", is the doctor residing at the farm.						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16. Have you lost any animal/s during the last three years? If so state particulars.						Year	Cause of Loss	Number of animals lost
17. Previous Insurance Policy and Claims experience (for the last three years)								
Year	Type of animal – Sheep, Goat	Name of Insurer		Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.			
18. Has any Company								
• Declined to issue a policy to you?								
• Declined to continue your Insurance?								
• Imposed any restriction or special conditions?(If yes, please furnish the details)								
19. Is any bank or other financing institution interested In the animal, If so, State.			Name of Bank				Location of Branch	
20. Is / are the animal/s proposed for insurance covered by IRDP or any other similar scheme? If so, state.			Name of Scheme					
21. Any other information material to the risk or the terms upon which cover might be offered.								

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Declaration By Insured :

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I / We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and SBI General Insurance Co Ltd and I/We and/or the person to be insured agree to accept the cover in the usual form of policy prescribed by SBI General Insurance Co. Ltd and to pay premium.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of Insured

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 Sheep and Goat- Micro Insurance Product related information in –	Physical Format <input type="checkbox"/>	E-Format (electronic) <input type="checkbox"/>
I have e-Insurance Account & the No.		
Choose your Insurance Repository (For those selecting e-Format)	NSDL Data Management <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd <input type="checkbox"/>	
CKYC No (Central Know Your Customer Registry Number), (if available)		

AML Guidelines:

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 ☐ No- Indian

If Non-Indian, please specify Country: _____

Type of Organization: ☐ Corporations ☐ Governments/ Non-Governmental Organizations ☐ Society ☐ Trust
☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Companies.Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of Insured

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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
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Place: _____

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Signature of the Witness Insured

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Signature/Thumb impression of the Proposer/Primary Insured

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 authority's 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.

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 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.

1. Name of the Proposer								
2. Address of the proposer								
3. Address if animals are stabled at other than above address								
4. Details of the animals proposed for insurance.								
Type of Animal	Gender	Age	Description of the Animal			Market Value/S.I. (Max. up to Rs 1 lakh per Livestock)	Ear Tag No.	Vaccination details (If any)
Sheep, Goat	M/F		Color	Breed of animal (Indigenous/ Crossbred/ Exotic)	Purpose of the animal			

The above mentioned animal (s) was/were carefully examined by me on ___ / ___ / ___ at _____ A.M./P.M. and found to be in sound health. I certify that the animal (s) is/ are free from any pre- existing illness, injury and are in a fit condition for Insurance. I certify that the cost of the animal (s) mentioned above is reasonably accurate.

Signature of Veterinary Doctor	
Date	
Designation	
Qualification	
Registration Number	
Address	

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 twenty-five 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 **fifteen 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 fifteen 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.