

Bangla Shasya Bima PROPOSAL FORM

Year Season.....

HEAD OFFICE - Fulcrum Building, 9th Floor, Wing A&B, Sahar Road, Andheri East, Mumbai, Maharashtra 400099, India

KOLKATA OFFICE - Ground Floor, 3B,Shakespeare Sarani, Opp Kenilworth Hotel, Kolkata – 700071

Email: - BSB.WB@sbigeneral.in

| | |
|---------------------------------------|---|
| Policy Issuing Office Address & Code | |
| Segment Type: | <input type="checkbox"/> Corporate <input type="checkbox"/> Retail <input type="checkbox"/> SME |
| Sales Channel Type: | <input type="checkbox"/> AGB <input type="checkbox"/> Banca <input type="checkbox"/> Agency <input type="checkbox"/> Direct |
| Intermediary/Agent Name / Broker Code | |

| | |
|-------------------------------------|---|
| Farmer Name* | |
| Father/Mother/Husband/ Gurdian Name | |
| Season Kharif/ Rabi | Year |
| Age | |
| Gender | Male/Female/ Others |
| Voter Card (EPIC No) * | |
| Caste | GEN/SC/ST/OBC |
| Mobile No* | |
| Aadhaar No* | |
| Residential Address *: | Mouja /Village Name: - _____ Gram Panchayat: - _____ Block: - _____ District: - _____ State: - _____ Pin code: - _____ |
| KCC Holder | YES/NO |
| Krishak Bandhu ID | |
| Farmer Category | Large/Small/Marginal |
| Nature of Farmer | |
| Aadhar Number | |
| KB ID | |

Proposed Crop and Land details for Insurance (for more dag number use additional form)

| Notified Crop Name | Notified Area | | | | | Mo uja Na me and J L No | Kha tian No | Dag No. | Prop osed Area for Insur ance (In acre) | Own Land/ Share Crope r/ Tene nt Farm er | Crop Sowi ng/ Exp ecte d Sowi ng Date |
|--------------------|-----------------|------------|---------|-----------------|-----------|-------------------------|-------------|---------|---|--|---------------------------------------|
| | Insuran ce Unit | Dis tric t | Bl oc k | Gram Panchay at | Vill ag e | | | | | | |
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* Kindly use Additional Details page for more detail





Farmers Bank Details (Aadhar Link Bank Account)

| | |
|------------------------------------|--|
| Farmer Name (As per Bank passbook) | |
| Bank Name | |
| Branch Name | |
| Account No | |
| IFSC | |
| Account Type | |

Document to be Submitted by farmers (Mandatory)

1. KYC Document: Voter ID Card and Aadhar Card
2. Bank Account Number with copy of Bank Passbook
3. Land Record: Recent Copy of Khatian/Porcha or Patta or Deed (for own land), or Certificate of Right (in a specific format provided by the Gram Panchayat Pradhan) if cultivating as a sharecropper or on land not in one's Name
4. Certificate from Assistant Agriculture officer (Concern Block) or their representative, or Revenue officer of land & Land Reforms and Refugee Relief & Rehabilitation Department (Certifying Cultivation or intent to cultivate)

Declaration

SBI General Insurance Company Limited.  Registered and Corporate Office: 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai-400099 | CIN:U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No:144 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products | UIN: IRDAN144OPCR0002V01202526
Bangla Shasya Bima – Proposal Form

- a) I have read and understood the details of this scheme/it has been explained to me
- b) I have not taken out any crop insurance for the above-mentioned crop and the area covered by the scheme in the current season anywhere else (other Bank/agent/cooperative society)
- c) I will abide by the rules of this scheme and also keep mind in any instructions issued in this regard.
- d) Any changes must be reported to the insurance company within the specified time frame.

| |
|-------------------------------|
| Signature of Witness: - _____ |
|-------------------------------|

| |
|-------------------------------------|
| Signature of Farmer/ Thumb: - _____ |
|-------------------------------------|

The Information provided above is true and correct to the best of my knowledge and belief.

AREA SOWN CERTIFICATE

Certified that, the information furnished above regarding sown are (actual / intended) is true as per available records

(Assistant Director of Agriculture of the block or his/ her representative/Revenue officer/Revenue inspection of L& L& R.R & R Department.)

(Signature with date and seal)

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

Acknowledgement of Receipt

Shri/Smt. _____ Father/Husband/Gurdian of _____
 From. _____ Gram Panchayat _____ Block. _____ A Farmer of district _____
 received the proposal form filled for _____ acres of land for growing _____ Crop (Subject to
 verification of proposal for risk applicability). On dated _____

Shri/Smt _____
 Has an account in the _____ bank _____ Branch

And the account number is _____

Name of the Intermediary _____

Address _____

Authorized Signatory

Note: - Please Keep this acknowledgment receipt for further use.

Additional Details.

| Notified Crop Name | Notified Area | | | | | Mo uja Na me and J L No | Khati an No | Dag No. | Prop osed Area for Insur ance (In acre) | Own Land/ Share Crop er/ Tene nt Farm er | Cro p Sow ing/ Exp ecte d Sow ing Date |
|--------------------|-----------------|------------|---------|-----------------|-----------|-------------------------|-------------|---------|---|--|--|
| | Insura nce Unit | Dis tric t | BI oc k | Gram Pancha yat | Vill ag e | | | | | | |
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Nomination Details

| | |
|--|---|
| Nominee 1 | |
| Name * | |
| Relationship with Insured * | |
| Mobile Number* | |
| Date of birth of nominee* | |
| Percent of claim payable* | |
| Email Id | |
| Permanent Address* | |
| Bank details of nominee* | Bank Name__ Branch Name __ Bank Account Number__ Ifsc Code__ |
| *Where Nominee is a minor, please give the details of Appointee/Authorized person. | |
| Name* | |
| Relationship with Insured* | |
| Date of birth* | |
| Nominee 2 | |
| Name * | |
| Relationship with Insured * | |
| Mobile Number* | |
| Date of birth of nominee* | |
| Percent of claim payable | |
| Email Id | |
| Permanent Address* | |
| Bank details of nominee* | Bank Name__ Branch Name __ Bank Account Number__ Ifsc Code__ |
| *Where Nominee is a minor, please give the details of Appointee/Authorized person. | |
| Name | |
| Relationship with Insured * | |
| Date of birth* | |

Declaration:

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 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.
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.
8. I hereby declare that I am not a Politically Exposed Person (PEP)- Yes__ No__
(Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.)
9. Do you suffer from any disability?
If Yes, please state the type of disability. _____
Please share the percentage of disability. _____

Date: _____

Place: _____

Signature of Proposer

 Recent photograph of Proposer:
 (Photograph is required.
 if customer does not have CKYC ID)

ELECTRONIC INSURANCE ACCOUNTS DETAILS

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

| | |
|---|----------------------|
| My CKYC No (Central Know Your Customer Registry Number), (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: DD /MM /YYYY

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

KYC DOCUMENTS ATTACHED

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

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

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

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

Instrument Number: □□□□□□□□□□

Amount: □□□□□□□□□□

SBI General Insurance Company Limited.  Registered and Corporate Office: 9th Floor, Wing A& B, Fulcrum, Sahar Road, Andheri (East), Mumbai-400099 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No:144 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products | UIN: IRDAN144OPCR0002V01202526
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Date:

Bank Name: _____

Branch: _____ Bank Account IFSC Cod

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

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

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

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

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

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

Signature of Proposer

VERNACULAR DECLARATION

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

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

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

Signature of the Witness
Proposer/Primary Insured

Signature/Thumb impression of the

Date:

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

Place: _____

AGENT DECLARATION

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

Agent Name:

SP Name:

SP Code:

License No.: _____

| |
|--|
| |
|--|

Signature of Agent

Date:

| | | |
|----|----|----|
| DD | MM | YY |
|----|----|----|

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

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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

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

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

AML Declaration as per AML Master Guideline 2022:

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

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

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

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

Applicable to non-individual customers.

3. Determination of Beneficial Ownership:

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

| Sr. No | Name of Ultimate | Percentage (%) | Remarks, if |
|--------|------------------|----------------|-------------|
| | | | |
| | | | |
| | | | |

*Notes:

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

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

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

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

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

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