

# PROPOSAL FORM

## Modified National Agriculture Insurance Scheme (MNAIS)

for Loanee Farmer



Season (Kharif / Rabi / Summer):

Year:

State	District	Tehsil	Taluka / Block/Hobli	Gram Panchayat (Fill only for GP level Crops)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1. Details of Cultivator (\* Mandatory Fields)

Name :Mr /Mrs/Km

Father's / Husband's Name :

Communication Address (Postal Address) :

Plot No/Door No. and building name

Road name  Area

City  Pin code  State

Mobile No. (India) 91  Phone.(India)

E-mail Id

PAN\*:  /Form 60/61 (if Available):  Aadhaar Card No.:

Bank Account No.:  NEFT / IFSC Code of the Bank:

Bank Name:

Bank Branch:

Bank Address:

Road name  Area

City  Pin code

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.

### 2. Details of Area (as per revenue record) of farmer and Crop

Crop	Date of Sowing	Survey No	Area Sown (Hectares)	Sum Insured			Premium in percentage		Total Premium (In Rupee)		
				Average Yield (up to value of threshold yield) (A)	Additional Yield (up to 150% of average yield) (B)	Total Sum Insured (A+B)	Normal Premium/Subsidised Premium	Original Premium	Premium for Average Yield (C)	Premium for Additional Yield (D)	Total Premium (C+D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sum Insured (in Rupee) as opted by farmer						Total Premium payable by farmer					

I hereby declare that the provisions of the scheme have been read and understood by/ explained to me in detail before completing the Proposal Form. I hereby further declare that the particulars furnished above are true and correct and age of crops proposed for insurance under this proposal is not more than one month at the time of submission of the proposal. Further, the condition of crops proposed for Insurance under this proposal is normal as on date.

I have not submitted any other crop insurance proposal covering the above mentioned crops during the season under the Scheme or weather based Scheme either through this Bank branch / PACS or Insurance intermediary or any other Bank branch /PACS.

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. | Modified National Agriculture Insurance Scheme (MNAIS), UIN: IRDAN144CP0001V01201314 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place:

Signature / Thumb Impression\* of Cultivator / Proposer

Name & Address: 


Signature of the Witness Insured

**Certificate from Competent Authority**

It is certified that the crop wise Survey no. Area sown and date of sowing mentioned in the proposal form above are correct. (or) separate certificate showing all the details mentioned above form the above competent authority (VLW/Revenue /Agri Deptt Officer/ Patwari) may be enclosed

Signature and Seal of Competent Authority (VLW/Revenue /Agri Deptt Officer/ Patwari)

**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/ies has/have right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

**Nationality:**  Indian  Non-Indian      If Non-Indian, please specify Country: \_\_\_\_\_

**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.



Signature of Proposer

**DECLARATION BY PROPOSER**

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 I/we hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place:

Signature of the Agent

## 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.

Licence No.: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_

Signature of the Agent

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Modified National Agriculture Insurance Scheme (MNAIS) and related information in: Physical Format  e-Format (electronic)

I have eIA Number: 

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I would like to apply for eIA with:

NSDL Data Management  CSDL Insurance Repository Ltd  Karvy Insurance Repository Ltd  CAMS Repository Services Ltd

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

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

## DECLARATION (IF SIGNED IN VERNACULAR LANGUAGE / IF YOU HAVE AFFIXED THUMB IMPRESSION ABOVE)

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

## PROHIBITION OF REBATES (Under 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.

## 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.