

**NOTE TO THE PROPOSER**

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that SBIG may issue to you. You are obliged to provide SBIG with a full and frank disclosure of any and all facts that may be material to SBIG’s decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insureds you answer fully and accurately all of the questions contained in this proposal, that you provide SBIG with any and all information that may be relevant, and you inform SBIG in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to SBIG.

SBIG is under no obligation to accept any proposal for insurance. If SBIG accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

**OFFICE USE ONLY**

*Quote No.:	<input type="text"/>	*Inward No.:	<input type="text"/>
*Receipt No.:	<input type="text"/>	*Receipt Date:	<input type="text"/>
*Branch office Code:	<input type="text"/>		
*Branch Name:	<input type="text"/>		
*Business Type:	New <input type="checkbox"/>	Rollover <input type="checkbox"/>	Renewal <input type="checkbox"/>
*Sales Channel Type:	Banca <input type="checkbox"/>	Agency <input type="checkbox"/>	Direct <input type="checkbox"/> broker <input type="checkbox"/>

**INTERMEDIARY DETAILS**

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

**A. NOTICE TO THE PROPOSED INSURED**

**Claims Made Policy**

This Proposal is for a "claims made" policy of insurance. This means that the Policy covers you for claims made against you and notified to SBIG during the Period of Cover. This policy does not provide cover in relation to:

- Events that occurred prior to the Retroactive Date of the policy (if such a date is specified);
- Claims made after the expiry of the Period of Cover even though the event giving rise to the Claim may have occurred during the Period of Cover;
- Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- Claims made, threatened or intimated against you prior to the commencement of the Period of Cover;
- facts or circumstances of which you first became aware prior to the Period of Cover, and which you knew or ought reasonably to have known had the potential to give rise to a Claim under this Policy;
- Claims arising out of circumstances noted on the Proposal form for the current Period of Cover or on any previous Proposal form.

However, where you give notice in writing to SBIG of any facts that might give rise to a Claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the Period of Cover, the Policy will, subject to the terms and conditions, cover you notwithstanding that a Claim is only made after the expiry of the Period of Cover.

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance.

Please provide any supplementary information which is material to the response of the questions herein by addendum.

All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provide separately on your headed paper.

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## PROPOSER DETAILS (\*MANDATORY FIELDS)

1. Name of the Proposer:

2. Address of Proposer:

3. Date established:

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

5. Principal activities/ services of Proposer:

6. Number of permanent directors:   6. Number of employees: Domestic   Overseas

7. Number of locations: Domestic   Overseas

8. Are You or any of the proposed applicants are 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.

## INTERNAL CONTROLS AND PROCEDURES

1. Does the company have an employee Handbook/Manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes"	
(a) does it contain written instructions on all aspects of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) does it clearly define the individual duties of each employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) does it address security procedures (including electronic data security)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are employees trained and re-trained, if necessary, on all aspects of:	
(a) physical and electronic data security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) operational procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are all employees required to take an uninterrupted, two-week holiday each calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. (a) Please provide details of the groups recruitment policy including details of your assesment of the suitability for all positions	
(b) Please describe your employee leaving procedures.	
(c) Please describe your staff rotation procedures.	
6. Are any branches, subsidiaries or associated companies allowed to maintain different operational procedures than the Head Office/Parent Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", is prior approval required from Head Office/ Parent Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you maintain dual control over the handling of:	
(a) securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) company/corporate cheques and drafts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) dormant accounts (if dormant for longer than 6 months)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) access codes, cyphers, test keys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is joint custody maintained for the safeguarding of:	
(a) access codes, cyphers, test keys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) access to Property whilst in safes and/or vaults?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## COMPUTER SYSTEMS

1. Do you operate or subscribe to any automated teller machine network or electronic point of sale system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you make or receive funds transfer instruction via any of the following methods and what are the average daily transfer limits against each method used?:	

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(a) interbank electronic communications systems	
(i) BACS	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) SWIFT	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) CHAPS	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Bankwire	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) Other, please specify	
(b) Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) electronic mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) telex	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) facsimile	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) voice initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) on-line cash management	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) other, please specify	
3. Are all fund transfer instructions subject to a verification and authentication process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you secure fund transfer instructions (e.g. through the use of passwords, encryption, testing, call back or other authentication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you permit the transfer of funds via telephonic instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", in respect of corporate or business accounts only:	
(a) is there a written agreement with customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) does the written agreement contain transfer limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) is verification, by someone other than the initiator of the transfer instruction, required prior to such transfer taking place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are passwords used to give varying levels of access to your computer system and funds transfer systems on the need and authorisation of user basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all key source documents maintained in a secure environment prior to being entered into the computer system in order to prevent unauthorised modification or inappropriate use of data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are remote terminals kept in a physically secure location accessible by authorised personnel only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you utilise any recognised software packages to control access to your computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", do you modify such software to your own specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are your data processing centers physically separated from other departments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have an access control system for your data processing centers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are data file generations stored and secured off-site in a restricted area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you utilise independent contractors to prepare electronic computer programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes":	
(a) are specific parameters in place to restrict their access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) are their activities overseen when accessing your computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) are safeguards in place to prevent access to your other systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INTERNET FACILITY/ E-COMMERCE**

1. Do you provide an Internet facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", do you offer any of the following?:	
(a) product information only	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) account balance	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) pre-authorized account to account transfers	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) loan applications	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) interactive mortgage applications	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) business/company account management facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) insurance products	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) on-line securities dealing	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) other, please specify	
2. Do you have formal terms and conditions for the use of your Internet facility, which outline the obligations and responsibilities of the users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the identity of users verified and authenticated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please identify the method used	
(a) password	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) one-time password	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) public/private key encryption	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) digital signature	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) other, please specify	
4. Do you encrypt data whilst it is stored or held within your Internet facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are firewalls and/or comparable software used to authorize access to your Internet facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", do you modify such software to your own specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you use any anti-virus software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" is this upgraded on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you monitor and produce reports on intrusion/ unauthorized access activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you restrict access between your Internet facility and your main computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have a specific department which maintains your Internet facility (e.g. carrying out program development, testing, firewall maintenance, intrusion monitoring)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. When was your last independent Ethical Hacking Test, by who was it carried out and what vulnerabilities were highlighted?	
What remedial action did you take?	
An unsatisfactory answer will necessitate the need for an Independent Ethical Hacking Test at your expense.	
11. Do you have a fully tested disaster recovery and business continuity plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", does it include an off-site back-up facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## LENDING PROCEDURES

1. Do you operate and maintain a formal loan policy manual or similar internal document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", does this include:	
(a) individual lending limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) tiered authority levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) lending criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) collateral requirements and authentication procedures (e.g. property, letter of credit, bill of exchange, certificate of deposit, securities and the like)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are all loans independently reviewed to ensure compliance with the loan policy manual or similar internal document?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## FUND/INVESTMENT/ASSET MANAGEMENT COMPANIES

Only complete if the Proposer offers such services to third parties

1. Are transactions only entered into on the basis of appropriate authorisation in accordance with management criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has management defined and communicated formal trading policies and dealing limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are trading transactions and positions reviewed for compliance with formal trading policies manual or similar internal document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do counterparties receive authorised confirmation for all deals prior to settlement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the book of investments and securities periodically substantiated and evaluated against recorded values independently of the dealer and fund managers ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INSURANCE COMPANIES

Only complete if the Proposer offers such services to third parties

1. Do you operate and maintain a formal underwriting manual in respect of all classes of insurance written?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please indicate where business production is obtained from as a percentage of the following:	
(a) agents on commission	
(b) direct sales	
(c) brokers/consultants	
(d) other, please specify	
3. Are clients/brokers/agents instructed to pay premium in the Proposer's name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the department/ individual designated to receive premium completely divorced from the day to day handling of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is responsibility for claims inspection/settlement completely separated from underwriting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are all claims examined and agreed by a minimum of two authorised individuals before payment is made who ensure that claim payments are made direct to your insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## AUDIT AND COMPLIANCE

1. Do you have an internal audit department which has separate duties from the auditing services provided by an external accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", (a) is there a formal written audit programme which includes EDP audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) is there an established audit cycle which encompasses all operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) are the internal audit department independent of any other function?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) are written reports made to either an audit committee or an individual that reports to the Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) do you have procedures in place to monitor the implementation of recommendations made by the internal audit department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) does the audit team periodically review the segregation of duties, accuracy of records, management and supervisory procedures and the physical and non-physical internal controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. (a) are you audited annually by a chartered accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) do they review the internal controls and report their findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) has your accountant made any recommendation in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", (i) have such recommendations been complied with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "no", (ii) have you adopted alternatives arrangements to the satisfaction of your accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a compliance officer who monitors and implements all regulatory directives, rules, principles and guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## VALUES AT RISK

1. Please state the maximum value of securities (including negotiable collateral, unissued stock certificates etc.):	
(a) at corporate office	
(b) at branches	
(c) with custodians	
2. Please state the maximum amount of cash:	
(a) at head office	
(b) at branches	
(c) at individual tellers	
(d) within automated teller machines	
(e) with custodians	
3. Please state the maximum amounts/ values carried by:	
(a) armoured motor vehicle:	
(i) cash	
(ii) securities	
(b) messengers:	
(i) cash	
(ii) securities	

## LOSS INFORMATION

1. Please give brief details of any loss sustained by the Proposer (whether insured or uninsured) during the past 5 years as follows:				
<b>Nature of Loss</b>	<b>Date of Discovery</b>	<b>Location</b>	<b>Amount of Loss</b>	
2. Does the Proposer, after full enquiry, or any of its directors, officers, partners or trustees have any knowledge, of any act, omission, fact, event or circumstance which might give rise to a loss under this proposed insurance? If "yes", please provide details on a separate sheet.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the event that a loss has been discovered, has the Proposer taken remedial action to prevent or avoid recurrence? (if So please provide full details on a separate sheet)				<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

## DECLARATION

I declare that statements and particulars in this proposal form are true and no material facts have been misstated or suppressed after full enquiry. I agree that this proposal, together with any other information supplied shall form the basis of the contract of Insurance affected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before the completion of the contract of Insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Date:

Signature

Title (authorised signatory of the Proposer)

## PLEASE ENCLOSE WITH THIS PROPOSAL FORM

The latest Annual Report and Accounts for the Proposer.

**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").**

## 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  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI 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

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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)

Signature of Proposer

### Agent 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: \_\_\_\_\_

### 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) \_\_\_\_\_

\_\_\_\_\_ (Relationship 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 my/our 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

### SECTION 41 OF INSURANCE ACT, 1938

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.

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## AML Declaration as per AML Master Guideline 2022:

### 1. 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**.
- 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.

Date:

Signature of Policyholder:

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SURAKSHA AUR BHAROSA DONO

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