

Tech Suraksha

Important Note To Proposer Seeking Insurance

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 insured 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.

A. NOTICE TO THE PROPOSED INSURED

1. 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.

Instructions To Complete The Proposal Form

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become void ab intio, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure of any material particular fact or circumstance in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on Your behalf.

4. Kindly contact us or Your Agents/Brokers for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Office Use Only

Branch office Code:

Branch Name:

Business Type: New Roll-Over Renewal Migration

Sales Channel Type: Banca Agency Direct Broker POS

CSC Corporate Agent IMF

Intermediary

Intermediary Name:

Intermediary Code: Intermediary Contact Details:

Put a (✓) mark wherever applicable

Proposer Details (* - mandatory)

1. Name of the Proposer*:

2. Address*:

City: State:

Pin-Code: Landmark:

Phone No.: Alternate Contact No.:

E-mail Id: Website:

Business Address. (✓) please tick here if it is same as registered address

Plot No/Door No. and Building name:

City: State:

Pin-Code: Landmark:

Phone No.: Alternate Contact No.:

E-mail Id:

Website:

3. GSTIN of your Company: Website:

4. EIA Number: 5. Proposer's Trade or Business

6. Products/Service provided by the Proposer:

7. How long have you been in business (in years):

8. Employees details:

i.	No. of employees	Total: <input type="text"/>	USA & Canada: <input type="text"/>
ii.	Average annual turnover of employees	Technical: <input type="text"/> %	Sales & Marketing: <input type="text"/> %
iii.	Composition of workforce		

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 | Tech Suraksha UIN: IRDAN144CP0233V01202223 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

9. Total Turnover:					
Particulars	Domestic	Non OECD Exports	OECD Exports	USA & Canada Exports	Total
Last Year(20__)	INR	INR	INR	INR	INR
Current Year(20__)	INR	INR	INR	INR	INR
Estimated For Proposed Period	INR	INR	INR	INR	INR

10. End use and/or user of the products or services

End use / Use	% of Annual Revenue	End use / Use	% of Annual Revenue
Civil Aviation/Avionics/Aeronautical Products\ or Services			
() Network or Online Security Advice or Products	%	() Process Control, Monitoring or Safety Critical	%
() Banking & Financial Transactions	%	() Sales, Distribution & Inventory Management	%
() Government	%	() Enterprise Resource Planning	%
() Customer Relationship Management	%	() Supply Chain Management	%
() Enterprise Application Integration	%	() Health Care or Medical Purposes	%
() Aerospace or Defence Applications	%	() Fire, Security or other emergency application	%
() Oil and Gas, Power or Nuclear Energy	%	() Pollution or Environmental	%
() Content and Knowledge Management	%	() Smart Card Solutions or Virtual Private Networks	%
() Payroll or Accounting	%	() Entertainment or Gaming	%
() Other (Please specify)			%

11. Have you posted loss during last five years? If yes for how many times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you sold any company during past 5 years? if yes, please provide the details. Did you retain the liabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you retain the liabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you acquired or merged with any company or acquired any assets during past 5 years? if yes, please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you purchase?	<input type="checkbox"/> Assets <input type="checkbox"/> Liabilities

14. Please provide the details of the following products and services generating 5% or more of your total revenue

	Type of Product & Services	% of Domestic Revenue	% of Non OECD Revenue	% of OECD Revenue	% of USA & Canada Revenue	% of Total Revenue
i.	Consulting, System, Integration & Design	%	%	%	%	%
	Consulting	%	%	%	%	%
	System Integration & Design	%	%	%	%	%
	Hardware or Network	%	%	%	%	%
	Hardware Assembly	%	%	%	%	%

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ii.	Network Voice and Data Transport ¹	%	%	%	%	%
iii.	Software Development	%	%	%	%	%
	Packaged Software	%	%	%	%	%
	Custom Software	%	%	%	%	%
	Internet Infrastructure Software	%	%	%	%	%
iv.	Data Entry, Time Sharing, Processing or Billing Services ¹	%	%	%	%	%
v.	Valued Added Services	%	%	%	%	%
	Networking Infrastructure Construction or Design	%	%	%	%	%
	Maintenance, Service or Support; Engineering	%	%	%	%	%
	Value Added Reselling	%	%	%	%	%
	Internet Service/Access Provider, Internet Portal ¹	%	%	%	%	%
	Application Service Provider ¹	%	%	%	%	%
	Temporary Leasing of Computer Programmers	%	%	%	%	%
	Web Hosting & Design ¹	%	%	%	%	%
	Data Center / Outsourcing / Network Managed Services ¹	%	%	%	%	%
	Video Conferencing	%	%	%	%	%
	Directory of Operator Services	%	%	%	%	%
	Call Center and Help Desk	%	%	%	%	%
	Data Retrieval / Infomediary / Search Engine	%	%	%	%	%
	Retail or Wholesale Sale	%	%	%	%	%
vi.	Others (Please specify)	%	%	%	%	%
	1.	%	%	%	%	%
	2.	%	%	%	%	%
15. No. of different product currently supported or distributed?						
16. No. of various types of services or work performed?						
17. Total no. of units sold over last five years						
18. What would be the largest financial or business impact on your customer due to failure of any of your product or services? Please explain				<input type="checkbox"/> No Disruption <input type="checkbox"/> Minor or Delayed <input type="checkbox"/> Major or Immediate		
19. Please provide brief description of the Contract Period and contract value, for the five (5) largest contracts undertaken over the past five (5) years. Which of these contracts are still continuing?						
Name of Customer		Revenue	Country of Residence	Product or Service offered		

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20. Have you complied with statutory provisions, rules and regulations in respect of the products, services and contract entered into?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. Does your contract, limit your liability to cost of your product or services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your contracts with your customers include hold harmless and indemnification clauses or provisions? If Yes, please provide the details of such clauses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. Do you negotiate contracts in which you accept liability for consequential damages except intellectual property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your contracts with your customers include warranty and guaranty clauses relating to your product or services? If Yes, please provide the details of such clauses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your contracts with your customers stipulate fines and penalties clauses due to non-performance of products or services? If yes, please provide the details of such clauses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your contracts with your customers stipulate punitive, exemplary, multiplicatory or aggravated damages to be paid by you due to non-performance of your products or services? If Yes, please provide details of such clauses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23. Do you perform legal review of all standard contracts & marketing materials prior to release?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
24. Does the legal team review all customised contracts prior to release?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25. Do you obtain legal advice from specialist familiar with intellectual property law before releasing new software ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
26. Do you have written procedure for handling intellectual property of others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
27. Does your standard contract include following provisions		
i. Statement of Work and Specification	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
ii. Deliverables and installations	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
iii. Mutual hold harmless agreement	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
iv. Disclaimer of Warranty	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
v. Dispute resolution/Arbitration Provision	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
vi. Severability Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
vii. Team & Termination	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
viii. Integration or entire agreement provision	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
ix. Force Majeure Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
28. Do you subcontract more than 20% of your development, implementation or support of your products or services? If Yes, then do you execute a sub-contract with hold harmless and indemnification provisions with sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
29. What % of work is generated using subcontractors?	<input type="text"/> <input type="text"/> <input type="text"/> %	
30. Indicate which of the following services you subcontract to others?		
<input type="checkbox"/> Software Development	<input type="checkbox"/> System Integration and Design	<input type="checkbox"/> Service, Support, Customer, Consulting, Call Centre Services
<input type="checkbox"/> Maintenance of your products	<input type="checkbox"/> Billing Services	
<input type="checkbox"/> Network Infrastructure Construction & Design	<input type="checkbox"/> Network Facility Management and Maintenance	<input type="checkbox"/> Infrastructure Network or system Security

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<p>31. Do your quality control procedures have following in place?</p> <ul style="list-style-type: none"> i. Written and formalised quality plan ii. Formal Customer evaluation and acceptance procedures iii. Vendor or VAR verification process iv. Prototype development v. Formal product development plan vi. Alpha testing vii. Beta testing 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>32. Do your product or system development procedure have following in place?</p> <ul style="list-style-type: none"> i. System development methodology in writing ii. A written proposal in order to determine customer performance expectation is required iii. A written contract of specifications of products and services signed by the customer iv. A written agreement outlining the scope of the project or services v. Contract/statement of work which outlines responsibilities of all parties 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>33. Do your customer signoff procedure have following in place?</p> <ul style="list-style-type: none"> i. Interim changes documented with customer sign-off <ul style="list-style-type: none"> a. Performance milestones acknowledged and accepted with customer sign-off when achieved b. Final test made with the customer and sign-off is required c. A final acceptance letter or sign-off agreement from customer is required d. Formal policy for documenting/responding to customer complaints/requests for changes/fixes 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>34. Do you keep written logs of customer complaint of problems and downtimes? If No, then kindly provide a brief on how you manage it</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>35. Describe your dispute resolution process</p>	
<p>36. Have you or your subcontractors recalled any product in last five years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>37. Have you or your subcontractors experienced delayed or past due contracts date in last five years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>38. Have any of your customer withheld the payment or requested for refund during last five years because of your product or services</p> <ul style="list-style-type: none"> i. Didn't meet customer's performance expectations? ii. Didn't perform in compliance with your warranties or representation? <p>If yes please provide the details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>39. Have you sued any of your customers for non-payment of contracts during last 5 years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>40. Please provide details of any events, circumstances, suits, potential suits, complaint letters, disputes or any other circumstances alleging non performance of contract or non performance of your product or services as on the date of this Proposal?</p>	

Cover Details

41. Period of Insurance	From: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> to <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
42. Retroactive Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
43. Limit of Liability Required Any one Accident Limit (AOA) Aggregate during Policy period (AOY)	INR _____ INR _____
44. Please indicate the Deductible (as percentage of Liability limit per accident)	
45. Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada <input type="checkbox"/> other , please specify
46. Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada <input type="checkbox"/> other , please specify

Prior Insurance and Claim Details

47. Please provide claim history for the last three years

Year	Type of Loss	Total Amount paid / Outstanding (INR)	Defence cost (INR)

48. Has any partner , director or employee ever been a subject of any disciplinary proceedings or investigation or any other legal proceedings ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
49. Have you sustained any loss through the fraud or dishonesty of any employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
50. Are you aware of any act, error, omission, fact, event or circumstance, incidents, unresolved contract dispute, conditions as on the date of this Proposal form which may result in a claim under this Policy. If yes please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
51. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
52. Has any insurer ever terminated your cover? If yes please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
53. Are you at present insured under Errors and Omission Liability Insurance cover? If yes, please provide the following details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Insurance company	Policy Start Date	Policy end Date	Limit of Liability (INR) (AOA)	Limit of Liability (INR) (AOY)	Retroactive date	Premium (INR)
	dd/mm/yy	dd/mm/yy			dd/mm/yy	

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As an attachment to this Proposal Form, please include the following (where applicable):

1. Most recent Annual Report or audited financial statement
2. Copies of your standard and largest contract of sales, services of license
3. Advertising material and product brochure
4. Business plan if your company is less than 3 year old
5. Sample copy of your contract with subcontracts for "Work for Hire"

I/We desire to effect an insurance in terms of the Errors and Omission Liability Insurance Policy of the Company against the limits of Liability mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned duly authorised by the Proposer Company hereby declare that the above statements, declaration and particulars in this proposal form are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any material facts and information provided herein. I/We agree that this proposal together with any information supplied herein shall form the basis of the contract of Insurance between me/us and the Company and be incorporated herein. I/We undertake to inform the Company of any material alteration to the facts occurring before the completion of this contract of Insurance.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Date:

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

Place :

--	--	--	--	--	--	--	--	--	--

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Proposer's Signature with company stamp

Name of Proposer
Designation of 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 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: Indian Non-Indian Non-Indian (please specify the Country)

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Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government Non-Governmental Organisation Society Trust
 Partnership International Organisation Cooperative Section 8 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 :

STATUTORY WARNING

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 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.

FOR 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"/>	Roll-Over <input type="checkbox"/>	Renewal <input type="checkbox"/>	Migration <input type="checkbox"/>	
Sales Channel Type:	Banca <input type="checkbox"/>	Agency <input type="checkbox"/>	Direct <input type="checkbox"/>	Broker <input type="checkbox"/>	POS <input type="checkbox"/>
	CSC <input type="checkbox"/>	Corporate Agent <input type="checkbox"/>	IMF <input type="checkbox"/>		