PROPOSAL FORM

OFFICE USE ONLY:

Policy Issuing Office Address:



ELECTRONIC EQUIPMENT INSURANCE (EEI)

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5. Loc	ation of equipm	ent to	be i	insı	ure	d (a	add	res	ss c	ofb	uil	din	g/ :	stor	ey):																													
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Pho	one No.*:						\perp	\perp								E	-m	nail	ld'	*:																				L					
6. Str	ucture of buildin	g:		S	itee	ls le	kele	eto	on				Bri	ckw	orl	K			(Cor	ncr	ete	е				٧	۷o	bo																
7. Are	you or any of the	propo	sed	lap	plic	ant	ts a	re l	Pol	itic	ally	/Ex	ро	sed	Pe	rso	n?	Υ	es			N	0																						
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8.	Has any of the companies?	he eq	uipn	ner	nt t	.O I	be	ins	sur	ed	pr	evi	ou	sly	be	en	CO	vei	red	l b	у	oth	ier	in	ısu	rar	ıce	3	Y	es			No												
	If so, which ite	ms of	the	spe	ecif	ica	tio	n a	nd	by	wh	ich	cc	mp	ani	ies	?																												
	a) State when	the Ins	sura	nc	e is	to	cor	mn	ner	nce	?																		С	ate	:	D	D	М	М	Y	()	Y	Υ	Υ					
	Note - Period	of Insu	ıran	ce	to e	exp	ire	at	th	e sa	am	e d	ate	ne	xty	/ea	r.																												
9.	Is all the equip	ment	to b	e ir	sui	red	ne	w?	•																				Y	es			No												
	If not, which it	ems o	fthe	e sp	ec	ific	atio	on:	are	se	co	nd	har	nd?																															
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10.	Condition of e	quipm	ent	-																																									
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11.	Quality of staff - Have operators been	trained	with n	nanut	facti	urar	?														Yes		1	No]								
12.	Is there a risk of flood				iacti	ui Ci	•														Yes	H	7	No]								
	If so, specify		- Idatio																			odie				- [7	By	tori	ren	tial	rain	fall	
	11 30, 3pechy																				-	ewe					_		by c					
13.	Are dangerous materi	als used	d in the	e vicir	nity1	?															Yes			No										
	If so, specify																			Α	cid	s		F	rep	are	ed o	r se	ensi	itize	ed p	pape	ers	
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14.	Valid Maintenance Co	ntract ir	n force	∍?																	Yes			No										
	If yes, Copy to be encl	osed																																
15.	Air conditioning Plant																			Р	res	suri	zec	i			Not	t ne	ces	ssar	гу			
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Note (*) marked fields are man	luatory																																
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DAI	NK ACCOUNT DETAILS FOR PROCESS OF REFUND:						
be cr	que will be issued in the name of the Proposer only. In case of cancellation of policy, if premium we edited to your designated bank account. Please provide the following bank details and a copy of C e bank account in which the refund / claim needs to be credited directly).						
Nam	e of Account						
Hold	er						
Bank	Name: Branch Name	:					
Bank	Account No.: IFSC Cod	le:					
MICF	R Code:						
	e: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any se submit the standing instruction form available at our branches.	change in ban	k acco	unt details	. If ECS	is sele	ected,
KY	C DOCUMENTS ATTACHED:						
	Pan Card Passport Government UID Voter's Identity Card	Aadhaa	ar Carc	ı	Tele	ohone	Bill
	Ration Card Driving Licence Electricity Bill Utility bills not older than 2	months		Registrati	on Cert	ificate	•
	ELECTRONIC EQUIPMENT INSURANC	CE (EEI)					
	Additional questionnaire for the Insurance of Electronic Data P	rocessing (EDP:	systems)		
PRO	DPOSER'S DETAILS (*mandatory fields)						
	ame of the Proposer:						
2. Pr	esent Address*:						
	urrent Residing ddress) City:	Village:	:				
	Gram Panchayat:	State	. —				
		Landmark:					
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3. PA		ar Card No.:	XX	XXXX			
	ype of business :						
5. Aı	re You or any of the proposed applicants are Politically Exposed Person? Yes No						
St	olitically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public tates or Governments, senior politicians, senior government or judicial or military officers, s nportant political party officials.	-	-	-		-	
6.	EDP System						
	a) If the system is rented state monthly rent						
	b) Date of start of operation						
	c) Operational hours per day in shifts						
	d) Name and address of manufacturer and/or lessor.						
	e) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?						
	Please furnish copy of lease contract if available.						
7.	Housing of the EDP System						
7.	Housing of the EDP System a) Central Unit	Basement		Ground F	loor	F	loor

	c) Total value of plant located	In basement ₹ On ground floor ₹ On floor ₹ On floor ₹
	d) Is Installation in accord- ance with the manuf- acturer's recommendations	Yes No
	If not, specify deviations from instructions	
	e) Manner in which the EDP system has been installed	On vibration absorbers On rollers By rigid anchoring Without anchoring
8.	Air-conditioning Plant	Prescribed Used for EDP system only
		Recommend by the manufacturer
	a) Maintenance -	
	b) Loss prevention -	
	c) Does the air conditioning plant automatically shut off by limit switches, if the no control facility fails?	ormal
	d) Is the air-conditioning plant also equipped with an independent signaling device is case of disturbance or failure?	n the
	Are adequate loss prevention measures initiated immediately, even if the above prote devices are actuated outside operational hours.	ctive Yes No No
9.	External Data Media	Mark those data media, which are stored in the
	Note - Please answer the following questions only, if insurance is desired.	same hazard zone as the EDP system with an 'A' in the column 'Location of the specification' Mark data media stored in another hazard zone with a 'B'
	a) Storage -	On wooden shelves In steel cabinets
		In fire-proof Together with EDP system
	b) Air-conditioning	
	if not, how is air conditioning effected?	
	Risk aggravating circumstances as in the storage rooms -	Steam & water lines Vibrations Acid atmosphere
10.	Conditions (Excess) desired	2 times 5 times
		10 times 20 times
11	Fundaminan of Fire C Allind Double on now Chandend Fire C Constitution and Incident	
11.	Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	Yes No No
PAY	MENT DETAILS*:	
	e fill in your payment details for either Cheque / Credit Card Option Cheque please pay by ral Insurance Company Ltd."	y crossed cheque (account payee only) in the name of "SBI
Chequ	ue No. : Bank Name :	
Branc	h: City:	
Dated	:	
true, a agreed	ereby declare that the statements made by me/us in this Questionnaire and Proposal ar nd I/we hereby agree that this Questionnaire and proposal forms the basis and is part of that the Insurers are liable in accordance with the terms of the policy only and that the surers undertake to deal with this information in strict confidence.	of any policy issued in connection with the above risk(s). It is
Execut	ted at this day of 20	
		Proposer's Signature

 ${\sf SBIGI}\ does\ not\ accept\ Cash\ for\ Premium\ Payments\ against\ the\ Policy.}$

INCEASED COST OF WORKING

Additional Questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP systems

1. Name of the Proposer: 2. Present Address*: 2. Cresent Address*: 3. City: 4. Village: 4. State: 4. Landmark: 5. State: 5. Landmark: 6. EDP system to be insured 7. And the event of failure to utilize other EDP system so as to obviate using an outside system? 7. Outside EDP system sailable for use 7. Outside EDP system sailable for use 7. And the system already been used? 8. Is the system already been used? 8. Is the system siready been used? 9. Is the system siready been used? 9. Is the system siready been used? 9. Is the system siready been used? 9. Is the system siready been used? 9. If so, please specify 9. Is the system already been used? 9. If so, please specify 9. Is the system already been used? 9. If so, please specify 9. Is the system already been used? 9. If so, please specify 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. Is the system already been used? 9. If so, please specify 1. It so specifies the specifies the specifies the specifie	PROPOSER'S DETAI	ILS (*mandatory fields)	
2. Present Address*: Curent Residing Address City:			
City:	•	550.	
Gram Panchayat: State: Landmark: My Present Address is same as Permanent Address Permanent Address is same as Permanent Address Permanent Address*: Village: City: Village: Landmark: Phone No.: E-mail Id: Landmark: Phone No.: Address*: Landmark: Phone No.: Address*: Forms Of 51 (if Available): Aadhaar Card No.: A Type of business: 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. 6. EDP system to be insured per day per month b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify. 7. Outside EDP system available for use a) Name and address of - Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used? Yes No	(Current Residing	City	Village:
PIN Code: Landmark: My Present Address is same as Permanent Address Permanent Address is same as Permanent Address Permanent Address*: Village: Village: State: City: Village: State: PIN Code: Landmark: Phone No: E-mail Id: Landmark: Phone No: Landmark: A Type of business: Aadhaar Card No: A Type of business: S. 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. 6. EDP system to be insured a) Operational hours on average per day per month b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used? Yes No	Addressy		
My Present Address is same as Permanent Address Permanent Address*: City: City: Floram Panchayat: Pln Code: Landmark: Phone No.: State: Phone No.: A Type of business: A revour 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 politicalns, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials. 6. EDP system to be insured a) Operational hours on average b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify. 7. Outside EDP system available for use a) Name and address of - Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used? Yes No		Gram Panchayat:	
Permanent Address*: City:		PIN Code:	Landmark:
City:	My Present Addres	s is same as Permanent Address	
Gram Panchayat: PIN Code: Phone No: Be-mail Id: Adahaar Card No: Are You or any of the proposed applicants are Politically Exposed Person? Yes No Politically Exposed Persons (PEP3) 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. 6. EDP system to be insured a) Operational hours on average b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify. 7. Outside EDP system available for use a) Name and address of - Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used?	Permanent Address	*:	
PIN Code: Landmark: Phone No.:	City:		Village:
Phone No.: 3. PAN*: 4. Type of business: 5. 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. 6. EDP system to be insured a) Operational hours on average b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify. 7. Outside EDP system available for use a) Name and address of- Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used?	Gram Panchayat:		State:
Phone No.: S. PAN*: / Form 60/61 (if Available): Aadhaar Card No.: Type of business: S. 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. 6. EDP system to be insured a) Operational hours on average b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify. 7. Outside EDP system available for use a) Name and address of- Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used?	PIN Code:		Landmark:
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6. EDP system to be insured a) Operational hours on average	States or Governm	nents, senior politicians, senior government or judicial or military officers, se	
a) Operational hours on average	important political	party officials.	
b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify. 7. Outside EDP system available for use a) Name and address of - Owner Lessee b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify c) Has the system already been used? Yes No	6. EDP system to	be insured	
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conversion measures, etc.)? If so, please specify c) Has the system already been used? Yes No			
c) Has the system already been used?			Yes No No
	If so, please sp	pecify	
If so, how often?	c) Has the syst	tem already been used?	Yes No
	If so, how ofte	n?	
d) Causes Max. duration	d) Causes		May duration
Max. cost incurred	u) Causes		
8. Sums to be insured -	8. Sums to be ins	sured -	
a) Rent of substitute Equipments ₹On floor			₹On floor
b) Indemnity period per occurrenceWeeks		· ·	
		· ·	₹

Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)			
9. Conditions desired - a) Period of inferently per occurrence (minimum) b) Time Excess Adays (96 hrs) 7 days (158 hrs) 14 days (356 hrs) 28 days (672 hrs)		d) Aggregate indemnity limit during the period of insurance	₹
9. Conditions desired - a) Period of indemnity per occurrence (minimum) b) Time Excess ddays (96 hrs) 7 days (168 hrs) 14 days (356 hrs) 7 days (168 hrs) 14 days (356 hrs) 7 days (168 hrs) 14 days (356 hrs) 28 days (672 hrs) PRAYMENT DETAILS* PREASE fill in your payment details for either Cheque / Credit Card Option Cheque please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd." Cheque No.: Branch: Dated:		e) Personnel Expenses	₹
a) Period of Indemnity per occurrence (Ininimum) b) Time Excess		f) Transportation of material	₹
b) Time Excess 4 days (96 hrs] 7 days (166 hrs] 1 days (336 hrs] 28 days (172 hrs] 14 days (336 hrs] 28 days (672 hrs] 2 PAYMENT DETAILS* Please fill in your payment details for either Cheque / Credit Card Option Cheque please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd." Cheque No.: Bank Name: City: Branch: City: Branch: City: Branch: City: Branch: Bank Name: City: Branch: Bank Name: City: Branch: City: Bran	9.	Conditions desired -	
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Dated: Deliving the property of the property of the policy of the policy only and that the statements made by me/us in this Questionnaire and Proposal are to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that the statements made by me/us in this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk[s]. It is agreed that the Insurers are libeline in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence. Executed at	Cheq	que No. : Bank Name :	
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Proposer's Signature SBIGI 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 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 statues, 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 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 proposes reprotograph of proposes reprotograph in regards if customer does not have CKYC 100.	agree The In	ed that the Insurers are liable in accordance with the terms of the policy only and that the Insurers undertake to deal with this information in strict confidence.	
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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. | Electronic Equipment Insurance (Eguipment Insurance Products).

DECLARATION BY PROPOSER

- 1. 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.
- 2. 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.
- 3. 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).
- 4. I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date: DDMMYYYY Place:	
	Signature of Proposer
AGENT DECLARATION	
I,	formation and response(s) submitted by him/her in e Contract of Insurance between the Company and arther explained that if any untrue statement(s)/ atements, submissions, furnished/to be furnished, has been a non-disclosure of any material fact, the
Licence No.:	
Date: D D M M Y Y Y Y Place:	
	Signature of the Agent
ELECTRONIC INSURANCE ACCOUNT DETAILS*: I would like Burglary insurance Policy and related information in:	
I have an elA Number	
(a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Fo Known as CDSL Insurance Repository Limited)	
(c) Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository Services Ltd	iteu)
My CKYC No. (Central Know Your Customer Registry Number), (if available):	
I,, hereby grant explicit consent to S downloading of my CKYC record from the Central KYC Records Registry. I understand that this inf accurate and updated records for insurance services. I acknowledge that SBI General Insurance Comp with all applicable data protection laws and regulations. This consent is valid until revoked in writing conditions regarding the usage of my CKYC information and voluntarily provide my consent.	any will handle my CKYC information in compliance
Customer Name:	Date: D D M M Y Y Y Y

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. I 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. | Electronic Equipment Insurance (EEI), UIN: IRDAN144RP0009V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Kindly visit our website 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)

• • • • • • • • • • • • • • • • • • • •	or is suffering from a disability due to which writing i ssed by someone other than the Advisor/Employee	is restricted or where the Proposer has signed in vernacular e of the Company).
understood them. I/We further certify that	the replies in the Proposal Form have been recorde	have been clearly explained to me/us and I/we have fully ed as per the information provided by me/us. I, (Full name of
the witness)	(Relation with the bitant of (city) and residing at	e Proposer/Primary insured) do hereby certify that I have read out and
explained the contents of the Proposal Form	n and all other documents incidental to availing the he/they have understood the same. I/we declare	insurance policy from SBI General Insurance Company Ltd., that whatever I/we have stated herein above is true and
Signature of the Witness Insured		Signature/Thumb impression of the Proposer
Date: D D M M Y Y Y Y	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 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.
 - $\textbf{Explanation For the purpose of this clause, "Control" shall include the right to control the management or policy decision$
- 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.