PROPOSAL FORM

CELLULAR NETWORK INSURANCE POLICY



The liability of the company does not commence until the Company has accepted the proposal and the premium received in full by the Company.

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Proposer Details (*manda	tory	neius	•)																					
1. Name of the Proposer:															Ш					丄				
2. Address of corporate and registered office																								
registered office																								
	City	/:											St	ate:										
	PIN:	: 🔲														•	•	•	•		•	•		
3.PAN*:				/ For	m 60/	 '61 (if	Availa	ble):		Α	adha	ar N	No.:			X	X	X		\bigcirc				
4. Period of Insurance:	Fron	n 🗅	D	M	Y	Y	Y	to	D	M	M	′ Y	Υ	Υ										
5. License No granted by Department of Telecommunication :																								
6. Validity Period of License :	D	D M	M	YY	Y	Υ																		
7. Area of Operation								$\overline{}$									\neg			$\overline{}$	1			
permitted by License :												1												
8. Are You or any of the propo						_	-					Ye		N					ar			l C		
Politically Exposed Persons (PEPs Governments, senior politicians,	s) are ir senior	ndividu r gover	nmer	no have nt or jud	e been dicial o	entrus r milita	ited wi ary offi	th pro cers,	senic	ent pu or exe	iblic fu cutiv	inctions of	ons b state	y a fo e-ow	reign ned c	cou orpc	intry oratio	, incli ons a	uding nd in	ا the npor	head tant	is of : politi	state cal p	s or arty
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		_																		_				
Total																								

Total Sum Insured	for Section IV		AOA:- AOY:-						
Cover for capital A	Additions								
Warehouse cover									
Goods in transit co	over								
project/swapping	cover								
Terrorism Sum Ins For J & K, Assam, I For Rest of India:-	North Easterr	n Territory:-							
Valid Maintenance If yes, Copy to be		orce?		Yes/i	No				
Please provide pre	evious Insurar	nce history and detail of claims made hereu	ınder fo	r immediate	past 3 year .				
Section	Previo	ous Insurer and period of coverage	No	of claim	Total Amount	Amount of Highest claim			
Material Damage									
Data and Data Media									
Business Interruption									
Third Party Liability									
Marine Cargo									
Summary of prem	ium and claim	under policy for immediate past 3 year.							
Section		Total Premium			Total Clain	า			
Material Damage									
Data and Data Me	dia								
Business Interrup	tion								

Third Party Liability																		_
Marine Cargo																		
Payment Details																		
Cheque / Journal No.:										Dat	:e:	D	D /	W N	Y	Υ	Y	ľ
Bank Name:							IFS	S Cod	e:									
Bank Account Number:							Bra	nch l	lame:									
Card details:	Master	Visa	Card No.:															
Card Expiry Date:	MMY	YYY	Amount:															
SBIGI does not accept Cash for Pre	emium Payment	ts against the Po	olicy.															
Declaration by Insure	ed:																	
I/We hereby declare that / our knowledge and belie are the basis on which t statements, answers or I/We agree and undertak proposed for insurance a	ef. It is here this insurar particulars ke to conve	by understonce is being are incorrectly by to SBI Ge	ood and agre g granted ar ct or untrue i eneral Insura	ed that d that n any re nce Cor	the sta if, after spect,	temore the the	ents, insu Comp	answ Irance pany	ers an e is ef shall h	id pai fecte ave r	rticu ed, i no lia	ılar t is abili	s pro fou ity u	ovide Ind t ndei	ed he hat this	ereir any s inst	abov of thurance	re ne ce.
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If Non-Indian please specify the nationality and country 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
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/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the
contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any
details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal
is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information /
response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a
non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the
Company as null and void and all premiums paid under the Policy may be forfeited to the company.
Licence No.:
Date: D D M M Y Y Y Y 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

Section 41 of the 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 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 Rs.

2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-



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.

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Signature of Policyholder:



