

ADVISOR DECLARATION CUM BANK MANDATE FORM

ADF Ver 1.5



Application Number

UM Code

UM Name

PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED

Applicant's Photograph
(Please affix recent color photograph)

To,
ICICI Prudential Life Insurance Co. Ltd.
Subject: Submission of Online Application

I _____ Applicant's
request you to process the

Application Number _____ submitted online by me on ICICI Prudential's website. I hereby confirm that I have read and understood the Terms And Conditions applicable to Insurance Advisors as specified by the Company on its website http://www.iciciprulife.com/public/pdf/T_N_C_For_Insurance_Advisor.pdf and I agree and undertake to be bound by the same.

I hereby confirm that the contents of the FSP form has been provided by me & the information provided by me is true & correct in all aspects.

I understand and agree that by submitting this application I will be bound by such statements / disclosures of material facts in the same manner and to the same extent, as if I have signed and submitted a written proposal for insurance to the Company.

Bank Account Number:

Name of Bank Account Holder:

Bank Name:

NEFT IFSC Code: (Mandatory for NEFT Facility)

I, hereby declare that the particulars given above are correct and complete.

Disclaimer for NEFT Facility : I understand that the instruction to the bank for direct credit will be given by ICICI Prudential Life Insurance and such instruction will be adequate discharge of company towards commission proceeds. In case of bank not crediting my Bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold ICICI Prudential Life Insurance Co. Limited responsible. Further, the aforesaid company reserves the right to issue a demand draft / payable at par cheque in spite of opting for Direct Credit option. I have read the instructions and agree to discharge the responsibility of me as a participant under the Direct Credit arrangement. I hereby declare that the contents of the Bank account details has been filled by me and the information provided by me is True and correct in all aspects.

Name Change Declaration (In case the name is different in profiling page & in KYA documents uploaded)

I hereby Inform/Confirm, Change of Name from :- Reason for Name Change: _____

Old Name: _____ Applicant's

New Name: _____ Applicant's

Relationship Declaration with ICICI Prulife Employee: As per regulatory guidelines, *relatives of employees cannot be appointed as insurance agents within the same company. I hereby agree with the relationship declared in the application form as mentioned below:

(*relatives refer to "spouse, financially dependent children or step children of the employee, whether residing with the employee or not)

As per application form:

I. Name of the employee related to: _____ II. Employee ID _____

III. Describe Relationship: _____ (e.g. Spouse, Son, Daughter, Mother, Father, Sister, Brother, any other please specify).

I would further like to disclose the below relationship with any employee of ICICI Prudential Life Insurance Company Ltd.:

My declaration (if different from application form):

I. Name of the employee related to: _____ II. Employee ID _____

III. Describe Relationship: _____ (e.g. Spouse, Son, Daughter, Mother, Father, Sister, Brother, any other please specify).

I confirm that the information furnished by me is true to the best of my knowledge and I agree to comply with the Conflict of Interest Policy of ICICI Prulife.

Advisor Nomination

I hereby declare that I have requested for the following Nominee(s) to be registered for me:-

Sr. no.	Nominee Name	Nominee DOB	Gender	Relation with Applicant	Nominee %

I hereby declare that I have requested for the following Appointee(s) to be registered for my Nominee(s):-

(If Nominee is less than 18 years, Appointee is mandatory. Appointee must be above 18 years of age)

Sr. no.	Appointee Name	Appointee DOB	Gender	Relation with Nominee

I _____ (UM/DM/GA) hereby declare that I have seen and verified the original documents of the above mentioned applicant. Further, I declare that the photograph provided is the latest photograph of the applicant and belongs to him/her as mentioned on the photo ID proof.

Date

Place _____

(Please sign inside the box)

(Signature of FSP)

(Please sign inside the box)

(Signature of UM/DL)