

ADVISOR DECLARATION

ADF Ver 1.4



Unique Reference/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 _____ request you to process the
Applicant's

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.

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

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

Old Name: _____ Applicant's

New Name: _____ Applicant's

Reason for Name Change: _____

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

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 Applicant)

(Please sign inside the box)

(Signature of UM/DM/GA)