

ADVISOR CONFIDENTIALITY REPORT - Ver 2.1



Application Number

Customer Name
Mr./Mrs./M/S. First Name Last Name

1. Nature of Proposal Medical Non-medical

2. Purpose of Insurance _____

3. Nature of Work _____

4. How do you know the Life Assured/ Proposer _____

5. How long have you known the Life Assured/ Proposer Years Months

6. Is the Life Assured/ Proposer related to you? Yes No

If yes, give details _____

7. Income details of Proposer

	Salary	Business	Agricultural	Others	Total
Rs. per annum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income Proof verified	<input type="checkbox"/> ITR <input type="checkbox"/> Others	<input type="checkbox"/> Form 16 <input type="checkbox"/> Please specify _____	<input type="checkbox"/> Pay-Slip	<input type="checkbox"/> Balance sheet	<input type="checkbox"/> P&L

8. Personal Assets

<input type="checkbox"/> House	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Co Provided
<input type="checkbox"/> Vehicle	<input type="checkbox"/> 4 wheeler	<input type="checkbox"/> 2 wheeler	<input type="checkbox"/> None

9. General health details of Life to be assured as Observed/ Informed to you

Physical handicap/ Deformity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Retardation	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Illness/ Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Any other risk associated with Occupation, Sports Pursuit, Financial/ Social Position or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the Insurance Proposal, please provide details: _____

11. Combination solutions (applicable in case of any combination solutions promoted):

- (a) I hereby confirm that I have discussed the combination solution _____ with the customer, post which he/she has chosen to avail the solution.
- (b) The above-mentioned combination solution comprises of the following products of the company:
 - (i) _____ (iii) _____
 - (ii) _____ (iv) _____
- (c) I have informed the customer that these products are also available individually with the Company and it is not mandatory for him/her to apply for this combination only.
- (d) All the relevant product brochures have been made available to the customer and I have explained the solution with the help of relevant approved sales material/illustrations. The terms and conditions integral and peculiar to each combination solution and the product forming part of that combination solution have also been explained.
- (e) I have updated the customer that the benefit of this combination solution shall become payable only if he/she continues to pay premiums for the stated policy term/premium payment term, as the case may be.
- (f) I declare that I have explained to the customer that the benefits available under the Combination Solution shall be as per the respective product's policy terms and conditions and that no additional benefits shall be payable merely because the customer has opted for a combination solution.

12. Further, I confirm and certify that I have verified with the original, the following document(s) submitted by the proposer(s):

Document type	Bearing no. /Issue date	Particulars
		As identity proof
		As Address proof
		Towards enhanced due diligence*

*As applicable

13. Other Remarks _____

I hereby declare that foregoing statements are true to the best of my knowledge and belief. I state that the proposal has been filled up by the proposer/ person authorized by the proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all material information that has been explained by me to the proposer. I also submit to have explained the benefit illustration, if any, before the applicant consented to it. I recommend this proposal for insurance. I confirm having verified the identity and address of the customers and proofs submitted for the same. I also certify that I have taken all possible precautions to ensure compliance with the Anti-Money Laundering guidelines and Anti-Money Laundering policy of the Company including highlighting any suspicious transactions/activity or attempted suspicious transactions/activity to the Principal Officer.

Signature# #Signed by:
 • Advisor
 • Specified Person in case of Corporate Agents
 • Employee in case of direct business
 • Designated employee in case of brokers Date _____
Place _____

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LOB/ Agent's Code: _____	Bank/Branch/ Source: _____/_____/_____
Opportunity ID: _____	FSC Code: _____
Application no: _____	LIM/ CSR Code: _____
Bank Account No: _____	CAFOS Code: _____