

# DECLARATION FOR THIRD PARTY PAYMENT



**NOTE: Applicable for First Premium Deposit, Top-Up (Cheque / Demand Draft (with name of payer), Transfer of Funds).**

Application No / Policy No:

Payer Name     
Salutation First Name Surname

Address:   
  
  
City State Pin Code



Photo Identity Proof: \_\_\_\_\_

Address Proof: \_\_\_\_\_

Nationality: \_\_\_\_\_

I am issuing cheque / demand draft no. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ bank for an amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only), OR request to transfer Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) from policy no. \_\_\_\_\_ (Source Policy), where I am the policy holder, towards premium deposit for application no. \_\_\_\_\_ for the life insurance application submitted by the proposer Mr./Ms./Dr. \_\_\_\_\_.

Kindly note that the above mentioned proposer, Mr./Ms./Dr. \_\_\_\_\_ is my/our \_\_\_\_\_ (mention relationship).

I am paying on behalf of Mr./Ms./Dr. \_\_\_\_\_ due to the reason \_\_\_\_\_.

I hereby declare that the information given by me above is true & correct. Request you to accept the remittance.

## PLEASE TICK IF YOU ARE:

- NRI
- Into business of Import-Export, Mining, Shipping, Jewellery, Scrap Dealing, Building/estate
- Housewife of spouse (who is into above business)
- Companies with close family shareholding & beneficial ownership
- Partnership firms with sleeping partners
- Trusts, charities, NGOs, Organization receiving donations, politics

I am aware that any benefits under the policy becomes payable strictly in accordance with the policy terms and conditions.

Date:

\_\_\_\_\_  
(Signature of Payer)

## DECLARATION (to be filled by Proposer)

I, \_\_\_\_\_, do hereby confirm that Mr./Ms./Dr. \_\_\_\_\_ is paying on my behalf for above application no / policy no. I further confirm that all the information given above is true or correct.

Name of Proposer: \_\_\_\_\_

Date:

\_\_\_\_\_  
(Signature of Proposer)