10M ASSIGNMENT FORM		<b><i>OICICI</i> PRUDENTIAL</b>												
Important instructions for you to	proceed:	LIFE INSURANCE												
	sign the policy. Assignee is any person/institution in whose favou	ır												
	absolute assignment and the assignee shall be deemed to be a nt is subject to terms and conditions of the assignment agreed b													
the assignor and assignee.	arate forms are to be filled up in respect of each of them.	y												
• A nomination gets cancelled in the case of a	ssignment until reassigned.													
Post assignment of the policy, the Assignee     POLICY DETAILS	will be entitled to all the payouts/ benefits subject to the terms and	conditions of the transfer/assignment.												
Policy Number														
Name of Proposer														
Mr./Mrs./M/S. Address														
Landmark	Pin Code													
Contact Nos.	ence STD Office	Ext. ISD Mobile												
E-Mail ID														
*CKYC Number/KIN (If available):														
To know your CKYC/KIN identifier visit th	e web Portal ( <u>www.karvykra.com</u> or <u>www.cvlkra.com</u> )													
Purpose of Assignment	an 🗌 Others													
With consideration – Amount ₹ (in w	vords)													
Without consideration														
<b>Terms of Assignment</b> Future premiums will be paid by	ssignor Assignee													
Future service request including Partial	Withdrawal/ Surrender request to be authorised by	Assignor Assignee												
DETAILS OF THE ASSIGNEE														
Name of the Assignee														
Residential Address														
Landmark	Pin Code         I<													
STD Resid	ence STD Office	Ext. ISD Mobile												
Official Address														
	Pin Code													
E-Mail ID														
Entity Type Blood relative Regula	ated by IRDA / RBI / SEBI 🔄 Non-Regulated institution 📃	Non-Profit Organization Others												
Relationship with Assignor														
·		Father Grand Mother Others												
	er/Employee HUF/Member HUF Lender/Borrowe													
	Gender Male Female Is the Assignee Emplo	or Advisor												
Resident Status Resident NR		_ Nationality _ Indian _ Non Indian												
	rried Widow(er) Divorced vfessional Self Employed Student Housev	vife Retired Others												
	ofessional Self Employed Student Housev													
Industry Type Jewellery Imp	Others													
	Otters													
Notice of Assignment		, the assignor, have read and												
understood the above instructions and, s	ubject to the above instructions, have assigned the policy t	to the assignee mentioned herein above.												
Place	Signature of Assignor	Signature of Assignee												

COMP/DOC/Dec/2022/2112/1771

PAN UPDATION OF TH	HE ASSIGNEE
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PAN UPDATION OF THE ASSIGNEE													
Kindly submit PAN/Form 60 (as defined under Income Tax Act, 1962), if not already submitted at the time of ap is mandatory where the premium amount exceeds ₹ 50,000 in a Financial year. The premium payment can premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash	be done only through the acceptable												
₹ 49,999/- only at the authorized collection points.													
PAN Number													
Name (as is appears on the PAN Card)          Salutation     First Name	Surname												
Document Submitted PAN Card Copy Form 60 Form 61													
<ul> <li>KYC Documents of the Assignee:</li> <li>1) Recent Photograph</li> <li>2) PAN/form 60 for individual assignees</li> <li>3) Officially valid document <ul> <li>Passport</li> <li>Proof of possession of Aadhaar (First 8 digit of Aadhaar should be in the masked form)</li> <li>Driving License</li> <li>Voter ID card issued by Election Commission of India</li> <li>Job card issued by NREGA duly signed by an officer of the State Government</li> <li>Letter issued by the National Population Register containing details of name, address or any other documnotified by the Central Government in consultation with the Regulator</li> </ul> </li> </ul>	Photo nent as												
4. Income proof (if applicable)													
Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public funct a <b>foreign country</b> , for example, Heads of State or of Governments, senior politicians, senior government / ju military officials, senior executives of state owned corporations, important political party officials, etc., includir family members and close relatives.	udicial /												
If answer to above question is "Yes", kindly answer the questions mentioned below													
1. Are you a Politically exposed person (Active Member / Inactive Member / Relative of PEP / Close Acquaintance	ce of PEP)?												
2. Please specify the extent of political involvement (Political experience, affiliation to political party, social worker, w	hether party in power, portfolio handed).												
3. Please specify your previous occupation. Since how many years are you involved in politics?													
4. Please specify all the sources of income.													
DECLARATION													
I hereby consent to receiving information from Central KYC Registry through SMS/email on the registered number/email addres I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by t documents from CERSAI* CKYC portal:*Central Registry of Securitisation and Asset Reconstruction and security Interest of India. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware th appropriate action.	he Company to download/verify my/our KYC take to inform you of any changes therein,												
<ul> <li>The submission of a duly filled and signed Assignment form along with the requisite documents will be treated as adequate</li> <li>Immediately after an assignment (whether by an endorsement on the policy or by a deed of assignment) has been execute the Policy must be sent to the Company at its offices as specified below for registration of the assignment.</li> </ul>	ed, the Policy/ deed of assignment alongwith												
<ul> <li>In the event of the assignment of the Policy not being notified to the Company as above it will not be operative and w representatives any rights as against the Company. Priority of claims after assignment will be governed strictly by the order delivered to/received by the Company at its specified office.</li> <li>Subject to the terms and conditions of the assignment, the Company shall post due acceptance, recognize the assignee not approximately and the terms and conditions of the assignment.</li> </ul>	er in which notices of assignments have been												
<ul> <li>Subject to the terms and containers of the dasagriment, the company shall post due deceptance, recognize the dasagrie into the benefit under the policy.</li> <li>If the application for assignment is rejected by the insurer, the customer may approach IRDAI within 30 days of receipt of the Assignment will be as per Section 38 of the Insurance Act.</li> </ul>													
I have voluntarily submitted my aadhaar card and hereby give ICICI Prudential Life Insurance Company Ltd. my consent purposes of processing/servicing this insurance policy. I was provided with options of submitting OVDs other than Aadhaa													
	ır.												
Date         D         M         Y         Y         Y	signature of Assignee												
Place Signature of Assignor	signature of Assignee												
Place Signature of Assignor	signature of Assignee												
Place Signature of Assignor	r. Signature of Assignee STAMP												
Place     Signature of Assignor       FOR OFFICE USE ONLY:     ER       Request submitted by     C	Signature of Assignee												

Place herein al <b>Name of</b>	ove stated.		I		Ι	Ι		I			I	I				1																				I	
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