

Signature of the New Policy Holder

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION

Application /Policy Number Name of the Life Assured
Mr./Ms./Mrs. First Name SurnameName of the Proposer
Mr./Ms./Mrs. First Name Surname

This is to certify that I have read out the contents of this statement to Mr. / Mrs. _____

_____ and he/she has understood the same.

Further, I would also like to certify that Mr. / Mrs. _____

_____ has affixed his/her thumb marks in my presence after I have explained the above contents to him/her.

I declare that whatever I have stated herein above is true and correct to the best of my knowledge & belief.

Name of the Witness: _____

Relationship with Proposer: _____

Address: _____

Signature of Witness

Signature of the New Policy Holder

☐ FOR OFFICE USE ONLY:

Spaarc Call ID _____

Date

Scanning Cabinet _____

Received By _____

Remarks _____

STAMP
&
TIME

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for: ☐ PAN Update ☐ Change in Ownership ☐ Nomination ☐ Mandate form ☐ Payout MandatePolicy Number Date Received By STAMP
&
TIME

Kindly call our Customer Service Number 1800 2660 (toll-free)

Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

Communication Address

ICICI Prudential Life Insurance Co. Ltd., Unit No. 901A, 901B, 1001A & 1002B, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai-400104. COMP/DOC/Jul/2024/117/6591.