

Advisor Confidentiality Report (Online Cases)



Customer Name: _____

Application no: _____

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: ITR Form 16 Pay-Slip Balance sheet P&L
 Others Please specify

8. Personal Assets:
- House: Owned Rented Co Provided
 Vehicle: 4 wheeler 2 wheeler None

9. General health details of Life to be assured as Observed/ Informed to you:
- Physical handicap/ Deformity: Yes No Mental Retardation: Yes No
History of Illness/ Surgery: Yes No Medical Investigation: Yes 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. 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 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 recommend this proposal for insurance. I confirm having verified the identity and address of the customers and proofs submitted for the same.

Date: _____

Place: _____

(Signature of specified person)

FOR ICICI PRUDENTIAL LIFE'S OFFICE USE ONLY

LOB/ Agent's Code: _____ Bank/ Branch/ Source: ____ / ____ / ____

Opportunity ID: _____ FSC Code: _____

Application no: _____ LIM/ CSR Code: _____

Bank Acc No: _____ CAFOS Code: _____