

PROPOSAL FORM FOR SINGLE LIFE

Please fill this form in BLACK INK & CAPITAL letters only.

For office use only

LOB / Agent Code		Agent / AFSM Name	
Bank		AFSM Code	
Branch		Opp ID	
Source			
LIM / CSR Code		Bank A/C	
Cafos Code		SP/ POS Code	
PAN of POS Agent		Other document of POS Agent	

Proposer's Photograph
(Please affix color photograph)

IN UNIT-LINKED INSURANCE POLICIES (ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.
IMPORTANT GUIDELINES: 1) Insurance is a contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the questions in this application form. 2) Any cancellation/alteration is to be signed by Proposer/Life to be Assured as applicable. 3) For adding nominee(s) or assignee to the policy please refer to the servicing forms available on our website.

I/we understand the importance of disclosing all material information and confirm that I/we shall share details which are true and correct, failing which the company reserves the right to cancel the policy and/or repudiate any claims under the policy and initiate appropriate action.

Signature / Thumb impression of Proposer

I. Generic details

Existing Policy Owner, Kindly enter policy number / client id	Policy No	Client ID	
Is this policy self proposed?	Yes	No	If No, please answer the following details
Relationship with Life to be Assured	Type of Proposal	Employer Employee	Keyman
	Individual	Trust	Non-individual
	HUF	MWPA	

II. Proposer/Policy Owner Details (Please fill in details of Life to be Assured if same as Proposer)

First Name	Middle Name	Last Name
Full Name		
Father Name		
Mother Name		
Spouse Name		
Communication Address of the Proposer (Address to which policy document will be dispatched)		
LINE 1		
LINE 2		
LANDMARK	CITY	
STATE		
COUNTRY		Pin Code
Permanent Address of the Proposer (If different from the above address)		
LINE 1		
LINE 2		
LANDMARK	CITY	
STATE		
COUNTRY		Pin Code
Mobile*+()	Landline*+()	
Country Code	*Receive alerts through SMS	*Receive communication via e-mail
STD/ISD		
Email ID*		
DOB	Gender	Nationality
D D M M Y Y Y Y	Male Female Transgender	Indian Non Indian
Marital Status	Resident Status	
Unmarried Married Widow(er) Divorced	Resident NRI PIO Foreign National	
Education		
Post Grad. Graduate Diploma 12 th pass 10 th pass Below 10 th		
Occupation		
Salaried Professional Self Employed Student Housewife Retired Others (Please Specify if Others)		
Industry Type		
Jewellery Import/Export Mining Shipping Scrap Dealing Real Estate Agriculture Stock Broking (Please Specify if Others)		
Organisation Type		
Govt. Pvt. Ltd. Public Ltd. Partner/Proprietor Trust HUF Society Section 25 Company Others		
Name of the Org./Business	Income(Annual)	
Are you a Politically Exposed Person (Proposer/Life to be Assured)?	Do you wish to share portfolio/fund details with your advisor/ agent?	
Yes No	Yes No (Default value will be taken as No if left blank.)	
Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government /judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.		
Address Proof* (Proposer)	Other Document	
* Residential proof only		
Identity proof (Proposer)	Identity proof Number	
Income Proof (Proposer)		
Identity proof Expiry Date*	PAN (Proposer)	
D D M M Y Y Y Y		
*Applicable only for Passport and Driving licence	(include form 60 if PAN is not available)	
Existing KYC number	(Central KYC registry number, if available)	

1. Do you wish to open Electronic Insurance Account and convert your policies into electronic policies : ☒ Yes ☐ No (Default value will be taken as No if left blank.)

2. Select your preferred insurance repository to open Electronic Insurance Account: ☒ NSDL Insurance Repository ☐ CDSL Insurance Repository Limited ☐ CAMS Repository Services Limited ☐ Karvy Insurance Repository Limited

3. Electronic Insurance Account (eIA) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

4. Do you wish to convert your ICICI Prudential policies into electronic policies : ☐ Yes ☒ No (Default value will be taken as No if left blank.)

[illegible]

Simple Medical Questionnaire

3. Lifestyle details of the Life to be Assured

a. Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way?
(e.g. occupation- chemical factory, mines, explosives, radiation, corrosive chemicals & hobbies – aviation other than as a fare paying passenger, diving, mountaineering, any form of racing etc.)

Yes

No

b. Are you employed in the armed, para military or police forces?
(If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam)

Yes

No

4. Family details of the life to be assured(include parents/sibling) Are any of your family members suffering from/have suffered from/have died of heart disease, Diabetes Mellitus, cancer, or any other hereditary/familial disorder, before 55 years of age? if yes please provide details below,

Yes

No

5. Have you lost weight of 10 kgs or more in the last six months?

Yes

No

6. Do you have any congenital defect/abnormality/physical deformity/handicap?

Yes

No

7. Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in past?

Yes

No

8. Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?

Yes

No

9. Have you ever suffered or been diagnosed with or been treated for any of the following?

None of the below

Hypertension/High BP/high cholesterol

Chest pain/Heart attack/any other heart disease or problem

Undergone angioplasty, bypass surgery, heart surgery

Diabetes/High blood sugar/sugar in urine

Asthma, Tuberculosis or any other respiratory disorder

Nervous disorders/stroke/paralysis/epilepsy

Any Gastro intestinal disorders like Pancreatitis, colitis etc.

Liver disorders/Jaundice/Hepatitis B or C

Genitourinary disorders related to kidney, prostate, urinary system

Cancer, Tumour, Growth or cyst of any kind

HIV infection/AIDS or positive test for HIV

Any blood disorders like anaemia, Thalassemia etc

Psychiatric or mental disorders

Any other disorder not mentioned above

10. To be answered by female lives only

a. Have you ever suffered/are suffering from or have undergone any investigation or treatment for any gynecological complications such as , disorder of cervix, uterus, ovaries, breast, breast lump/cyst etc.?

Yes

No

b. Are you pregnant at present?

Yes

No

If yes, please mention number of weeks _____

Yes

No

Question number

Details if marked 'Yes'

Please submit previous medical reports (if any), as receipt of these reports would help us in faster assessment of the health of the Life to be Assured.

Please attach a separate sheet in case the space is inadequate.

VI. Previous Policy Details

1. Details of Life Insurance/Medicaid/Health/Personal Accident policies of the Life to be Assured held/applied with ICICI Prudential/other companies.

(Have any such proposals on your life / application for reinstatement ever been accepted with extra premium, postponement, decline, withdrawal, non completion, been offered on modified terms. If yes, please provide details.)

\$ Mention year of Lapse/Revival applied for

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (in ₹)	Annual Premium (in ₹)	Base Plan / Rider Decision	Medical Policy	In Force/ Lapsed ⁵
						Y/N	
						Y/N	

2. If Life to be Assured is a student/housewife, please provide insurance details regarding parents/husband/siblings.

(Please attach a separate sheet for multiple policies if required)

Total Sum Assured of all Inforce Life Insurance policies	Policy no and Name of the Company	Husband's/Parent's Occupation/Income

VII. Particulars Of Product Applied For

1. Objective of taking this policy

Saving

Protection

Both

Others

Please specify

2. Mode (for regular/limited premium payment plan)

Yearly

Half- Yearly

Monthly

2a. Mode (for renewal premium)

Credit Card

Direct Debit

ECS

Cheque/DD

Cash

Others

Please specify

3. Product Details

Product Name	Policy Term (in yrs)	Premium Payment Term(in yrs)	GMB/SAM ⁶ (in ₹)	Sum Assured (in ₹)	Modal Premium (in ₹)

⁶Guaranteed Maturity Benefit/Sum Assured on Maturity

3a. Plan option:

3b. Benefit Payout Option:

Lump sum

Income

Increasing income

3c. Accidental Death Benefit:

3d. Accidental Death Benefit coverage period:

3e. Accelerated Critical Illness Benefit:

3f. Accelerated Critical Illness Coverage period:

3g. Income Period:

3h. Guaranteed Income Start Date:

3i. Frequency of Guaranteed Income:

4. Rider (Optional with Additional Premium)

Rider No.	Rider Name	Rider Term (in yrs)	Rider Premium Payment Term (in yrs)	Sum Assured (in ₹)	Modal Premium (in ₹)

Total Annual Premium (in ₹)

If you require Backdation, please mention date

D

D

M

M

Y

Y

Y

Y

(As mentioned on Electronic Benefit Illustration (EBI), inclusive of taxes)

(Available with select plans only. Policy can be backdated only within the same financial year)

3

5. Annuity Plan Details* (Applicable only for Pension plans):**5a. Single Premium (Purchase Price):** (in ₹) **5b. Annuity Amount to be paid** (in ₹) **5c. Annuity Options** (Please tick one option only in the appropriate box)Product Name: Annuity Option: Deferment Period (If applicable): **5d. Frequency of Annuity payments:** ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly**Secondary Annuitant Name** (Leave a blank space between First & Last Name) **Mr.** ☐**Ms.** ☐**Dr.** ☐**Secondary Annuitant DOB:** **Gender of Secondary Annuitant:** ☐ Male ☐ Female ☐ Transgender**Relationship with Primary Annuitant:**

*The Policyholder will have to select the proportion of annuity to be received as a lump sum and the balance in the form of an annuity as described above. In case you fail to select the annuity proportion at time of vesting, 100% of vesting amount will be annuitized.

6. Strategy & Fund Allocation (for ULIPs) Please select the proportion in which you wish to invest your premiums (%) as per the options available with the product chosen.**6a. Please Select Portfolio Strategy**☐ LifeCycle based
Portfolio Strategy☐ LifeCycle based
Portfolio Strategy 2☐ Fixed
Portfolio Strategy☐ Target Asset
Allocation Strategy☐ Trigger Portfolio
Strategy 2**Fixed Portfolio Strategy**

Active Asset Allocation Balanced	Multi Cap Growth	Opportunities	Bluechip	Maximiser V	Maximise India Fund*	Multi Cap Balanced	Income	Money Market	Secure Opportunities Fund	Value Enhancer Fund	India Growth Fund	Focus 50 Fund	Easy Retirement Balanced	Easy Retirement Secure	Easy Retirement SP Balanced	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100%

*Please check the Fund and Portfolio Strategy applicability for the applied product.

Note: For the Segregated Fund Identification Number (SFIN) please refer the product brochure/leaflet or the Electronic Benefit Illustration. You may also logon to our website icicprulife.com for the same. If the Above mentioned proportions are not clear, values from Signed Electronic Benefit Illustrations will be considered.

6b. I would like to opt for Automatic Transfer Strategy☐ Yes☐ No

From	To (any one)	Amount ₹ (per month)	Transfer Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 st of the Month <input type="checkbox"/> 15 th of the Month

7. I would like to opt for Systematic Withdrawal Plan☐ Yes☐ No**Payout Start Year:** **Payout Date:** ☐ 1st of the Month ☐ 15th of the Month**VIII. Nominee Details** (To be filled only if Proposer & Life to be Assured are same. Enter child details if applied for SmartKid plans)**Full Name** (Leave a blank space between First and Last Name)**DOB** **Gender** ☐ Male ☐ Female ☐ Transgender**Relationship with
Life Assured** **IX. Appointee Details** (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)**Full Name** (Leave a blank space between First and Last Name)**DOB** **Gender** ☐ Male ☐ Female ☐ Transgender**Relationship with
Nominee** **X. Particulars Of First Premium Deposit****1. Mode of deposit**☐ Cash☐ Cheque/ DD☐ Credit Card☐ Others**2. Amount (in ₹)** **3. Bank** **4. Cheque/DD No.** **5. Is the premium paid by a person other than Proposer (If yes, please submit third party declaration)**☐ Yes (Tick if applicable, default value No)**6. Source of Funds**☐ Salary☐ Business Income☐ Sale of Assets☐ Inheritance☐ Others

Note: 1. Cheque/ DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the proposer behind the cheque/ DD. 2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. In case of non-acceptance/ withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical tests/ examination. 4. Please note that a copy of PAN card or Form60/61 as applicable shall be required for premium payments in cash of ₹ 50, 000/- or more. You are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/ policy holder.

XI. Payout Mode (Choose any one mode only)

Mode selected would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

1. Mode of deposit☐ ECS☐ Direct Credit (Select Banks only)☐ NEFT**2. Account Type**☐ Current☐ Savings**3. Bank Name** **4. Bank Branch** **5. Account Number** **6. MICR Code** **7. IFSC Code**

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Signature of Proposer

XII. DECLARATION & AUTHORIZATION

I/We declare that I/we have answered the questions in the proposal form and have duly signed it after understanding its contents. I/ We have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the proposal form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life/lives to be assured are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. I/ We have made no statement to the Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me/ us in this application form. I/We undertake to notify the Company of any change in the information given by me/ us in the proposal form with respect to the Life/ Lives to be Assured subsequent to the signing of this proposal form and before the receipt of the policy document. I/We also understand that the the premium and the benefits payable under the Policy are subject to variation/ taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my/our consent to undergo HIV1/2 test. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to send all service related communications to the contact details registered with the Company. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance. In order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby, authorize the past and present employer(s)/business associates/medical practitioner(s)/hospital and medical source/any life and non-life insurance Company to provide the records of employment/business or other details as may be considered relevant. I/we agree and authorize the Company, for the purpose of processing of this Proposal or servicing of the resulting policy, to verify/share relevant information provided herein on confidential basis within ICICI group and/or third party agencies. This application form shall be a part of the life insurance policy contract, in case of its acceptance by the Company. I hereby consent to receiving information from Central KYC Registry through sms/ email on the above registered number/email address. I understand that in case of fraud or misstatement by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

Date

Place

Signature / Thumb
impression of Proposer

Signature / Thumb impression
of Life to be Assured
(TO BE SIGNED ONLY
IF DIFFERENT
FROM PROPOSER)

XIII. DECLARATION

(If signed in Vernacular language/ If you have affixed a Thumb impression above/ proposal form is filled by person other than Life to be Assured or Proposer)

Applicable where the Proposer is illiterate or is suffering from disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the advisor/employee of the Company)

I, (full name of the declare) _____ hereby declare that I have explained the contents of the proposal form to the Life to be Assured/ Proposer in _____ language and that I have read out the answers to the questions explained by me to the Life Assured/ Proposer and that the Life to be Assured/ Proposer has/ have put his/ her thumb impression after fully understanding the contents thereof.

Date

Place

Signature of Declarant

I/We certify that the contents of the proposal form have been clearly explained to me/us and I/we have fully understood them. I/ We further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Date

Place

Signature/ thumb impression of Life to be Assured/
Proposer signing in vernacular language

XIV. THE INSURANCE LAWS (AMENDMENT) ACT, 2015

Section 41 Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: **(2)** Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 Policy not to be called in question on ground of mis statement after three years: (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. **(2)** A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Explanation I. – For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: **(a)** the suggestion, as a fact of that which is not true and which the insured does not believe to be true; **(b)** the active concealment of a fact by the insured having knowledge or belief of the fact; **(c)** any other act fitted to deceive; and **(d)** any such act or omission as the law specially declares to be fraudulent. Explanation II. – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak. **(3)** Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. Explanation. – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer. **(4)** A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. **(5)** Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

XV. Advisor's Confidential Report (Mandatory for Advisor/AFSM to fill):

I hereby declare that the customer has understood the nature of questions in the proposal form and the importance of disclosing all the material information. I declare the facts disclosed in the proposal form are true and correct to the best of my knowledge and belief. I confirm having verified the identity of the Proposer and Life Assured, source of fund and address of the customer and the proofs submitted along with this form with the original documents.

1. Nature of Work
2. How do you know the Proposer/
Life to be Assured?
3. How long have you known the Proposer/
Life to be Assured? (yrs)
4. Is the Proposer/Life to be Assured
related to you? ☐ Yes ☐ No
5. Income details of Proposer/
Life to be Assured (₹ Per annum)
6. Personal Asset details: (A) House ☐ Owned ☐ Rented ☐ Co. Provided (B) Vehicle ☐ 4 Wheeler ☐ 2 Wheeler ☐ NA
7. General Health details of Life to be Assured as observed/ informed to you:
Physical Handicap/ Deformity ☐ Yes[#] Mental Retardation ☐ Yes[#] History of any Illness/ Surgery ☐ Yes[#] Medical Investigations done ☐ Yes[#]
- If answer to any of the above questions is yes, please provide details _____
8. Any other risk associated with Occupation, Sports Pursuit or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the insurance proposal, please provide details _____
9. Any other material information or facts as regards to the social/ financial status and the source of funds of the proposer which might have any adverse impact on acceptance of the proposal, please provide details _____
10. Is the Proposer a: ☐ Judge ☐ Member of Parliament ☐ Member of state legislature ☐ National / State level office bearer of political party

(*Tick if applicable, default value No)

Other Remarks:

Signature of the Advisor/AFSM

Name and Code No. of the Advisor/AFSM

Date :

Place :

ACKNOWLEDGEMENT SLIP

Received from _____
the proposal for Life Insurance along with ₹ _____ by way of cash/ cheque/ DD No./ credit card/ IVR/ Net banking _____
drawn on _____ at the _____ Branch of ICICI Prudential Life Insurance Company.

Date of cheque/ deposit _____

Instrument No. _____

Drawn on/ Issuing Bank _____

Plan name _____

Date received _____

Signature and Rubber stamp of Branch official

FREELook PERIOD (15/30 day refund policy):

- The Freelook period starts from the date you receive the policy document. It is 15 days in case of non Distance marketing policies and 30 days in case of Distance marketing policies.
- During this period you are required to go through documents sent to you in the welcome kit. If you are not satisfied with the Terms and Conditions, please return the policy document to the Company along with a request for cancellation within the period mentioned above.
- We will cancel the Policy and return the premium after deducting the proportionate risk premium for the period of cover, stamp duty, expenses borne by the Company on medical examination, if any and fluctuation in NAV.

PLEASE NOTE:

In case of payments by Cheque/ Demand Draft, please draw the instrument in favour of "ICICI Pru Life Application No. _____"

1. Any Cheque / Cash / Demand Draft payment made shall be deemed to be received by ICICI Prudential Life Insurance Co. Ltd. only when the same has been received by any office or collection point and after an official receipt is issued by the Company.
2. Should you choose to pay premium by Cash, you are advised to do so only at the nearest ICICI Prudential Life Insurance Co. Ltd. Branch or its authorized collection points. Handing over cash to any Advisor / Employee is solely at your own risk and the Company shall in no way be held responsible for any loss in this regard.
3. This acknowledgment slip does not in any way communicate acceptance or commencement of risk under the application submitted by you. This is only an acknowledgment slip and is not the premium receipt. This acknowledgment slip should not be used for Income Tax purposes.
4. The premium receipt shall be issued once the Company accepts the risk on your life and the amount deposited is applied to your policy as premium.
5. In case you do not receive the Policy Document within 17 days of completing all your requirements, please contact us on our customer service helpline.

CONTACT US


Visit us at
www.icicprulife.com



Call us on:
1800 2660*



Write to us at our
Communication Address



E-mail us at
lifeline@icicprulife.com

Call Centre Timings: 10 am. to 7 pm. IST Monday to Saturday, except National holidays. *When calling our customer service, please do not prefix "+" or "91" or "00" before the number. International Customers can call +91 80-6938-5555. Charges as applicable.

Communication Address: ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097.