

CUSTOMER DECLARATION AND ECS / DIRECT DEBIT FORM

CDF Ver 4.0.3



Applicable for applicants signing in English.

Applicants affixing thumb impression or signing in vernacular language, please ensure relevant confirmation from the witness (attach 'vernacular declaration'). In such cases it would be presumed that the witness would have explained contents of the form and this declaration to the applicant before submission.

Application Number

Application Number

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PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD(S) IS/ARE BLANK/EDITED

To,
ICICI Prudential Life Insurance Company Ltd.
Subject: Submission of Online Application

I/We _____ request you to process the above mentioned Application Number(s) for _____ submitted online by me/ us on ICICI Prudential's website www.iciciprulife.com.

I/We confirm that I/ We have read relevant documentation/ information and have understood the product features and benefits. I/we agree that post my/our meeting with the authorized personnel I/we has/have submitted the application to buy this product of my/our own accord. I/We hereby confirm that Mr./Ms. _____, has duly filled the details in the application form in my/our presence and in accordance with the information provided by me/us. I/We acknowledge that the information stated in the above application form is true and correct and I/we have duly checked and verified the same. Further, I/we am/are submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as applicable for further processing of this application.

I/We understand and agree that by submitting this application through the Company's website, I/ We will be bound by such statements / disclosure of material facts in the same manner and to the same extent, as if I/ We have signed and submitted a written proposal for insurance to the Company.

I/We fully understand the nature of the questions including health related questions and the importance of disclosing all material information to the Company while answering such questions in this application. I/We declare that answers given by me/us to all the questions in the online application including the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health & habits of the life/lives to be assured are true and complete in every respect. I/ We undertake to notify ICICI Prudential Life Insurance Company Limited ("the Company") of any change in the information with respect to the life to be assured subsequent to the submitting of this application and before the acceptance of the risk by the Company. I/We understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act. The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance. I hereby declare and confirm that I am making the premium payment towards this application through my own bank account/credit card and I agree to submit a third party declaration in case the premium payment is not made from my own account.

I/We am/are aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies and other such entities to enable sharing/collecting/validating my/our KYC related documents/information, as available with the said institutions/agencies/entities. I/We also understand and confirm that my/our contact details or other information, may be shared on confidential basis, within the ICICI group and/or with any service provider/third party agency with whom the Company has tie-ups/arrangements, for processing of this proposal or servicing of the resulting policy, and may also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if required for the purpose of preventing fraud. Further, I/We am/are existing customer(s) of ICICI Bank Limited and / _____ and give my/our consent to ICICI Bank/ _____ to share my/our details for the purpose of my/our application for insurance policy.

In a regular premium policy, premiums are payable for the entire policy term. Life cover will cease if renewal premium(s) is/are not paid when due.

APPLICABLE TO NRI/ PIO/ FOREIGN NATIONAL:

- These applications shall be processed and underwritten in India and any contract emanating therefrom shall be subject to Indian jurisdiction. The contract/policy shall be solely governed and construed in accordance with the laws of India without any reference to the conflict of laws principles. Further, any dispute arising out of the contract/policy shall be subject to the exclusive jurisdiction of the courts of Mumbai.
- All policy related communication shall be sent only to communication addresses of India, Bahrain and Dubai.
- This document/application does not constitute the distribution of any information or the making of offer or solicitation by anyone in any jurisdiction in which such distribution or offer is not authorized or to any person to whom it is unlawful to distribute such a document or make such an offer or solicitation.

DECLARATION:

- I hereby declare and confirm that I am applying for this policy while I am in India/Bahrain/Dubai and I reside in country as indicated in the application form appended.
- I hereby declare and confirm that I am allowed to procure/obtain life insurance policies offered by ICICI Prudential Life Insurance Company Ltd.
- I hereby declare and confirm that I am not prohibited/ precluded by the laws of any country/jurisdiction to avail life insurance policies from insurance companies registered in India.
- I/We have understood the features of the product and believe it would be suitable for me/our insurance objective. I/We concur that I/we have availed the product after understanding the suitability of the product(s) as per my/our needs. I/We understand that the product(s) and fund(s) recommended to me are based on the information provided by me/us and which is considered suitable in the view and understanding of licensed intermediary and/or ICICI Prudential. I/We declare that the information provided by me for my risk profiling and recommendation is correct and I/we will not hold licensed intermediary and/or ICICI Prudential responsible for my acceptance of product(s) and fund(s) recommended. Or
- I/We have gone through the list of product(s) and fund(s) recommended to me based on the risk profiling conducted by the licensed intermediary and/or ICICI Prudential. I/We wish to supersede the recommendations of licensed intermediary and/or ICICI Prudential and have opted for the Life Insurance product(s) as highlighted above. I/We agree to purchase the product(s) based on my independent assessment of the risks, merits and suitability of the product(s). I/We will not hold the licensed intermediary and/or ICICI Prudential responsible for my acceptance of such product(s) and fund(s) as per my/our understanding.
- I/We confirm that I/we have received and understood the Electronic Benefit Illustration

IN CASE OF COMBINATION SALES:

I have opted for the Combination Solution comprising products like _____, _____ and _____, as it would assist me in planning my finances. The authorized person has explained the product features and options to me. I also understand that these are different products and can also be availed separately. Having chosen to avail these products, I have made the payment of ₹ _____ towards the first premium deposit for the above products. Further, I understand and agree that in case application(s) for any of the products is/are rejected, all the applications within this combination would be rejected. Any sum towards premium shall be refunded with deductions of appropriate charges.

ELECTRONIC CLEARING SERVICE (ECS) APPLICATION FORM

To The Branch Manager, **UI Code: 4000220**

Bank: **ICICI BANK**

I hereby instruct the bank to debit my account and pay to ICICI Prudential Life Insurance Co. Ltd. as per the demand sent by ICICI Prudential Life Insurance Co. Ltd.

Application No.	Frequency	Amount (₹)*	Start Date	End Date

Name of Account Holder _____
 (as mentioned in Bank Account)

Bank Name **ICICIBANK** CBS Account No. _____ MICR Code: _____

Account Type: Current Account Saving Account Cash Credit Account In case of Current A/c please affix Proprietary Firm / Company stamp on the mandate.

The ECS/ Direct Debit request will get rejected if:
 1. The above account details do not tally with your bank records. 2. A cancelled/ photocopied cheque is not attached

DECLARATION:

- I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Electronic Clearing System (ECS) / Direct Debit. I understand and agree that the premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time.
- I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date or preferred date as opted on the ECS / Direct Debit form (provided the day is working day). I agree to discharge the responsibility expected of me as a participant under the scheme.
- I authorize the above mentioned bank to debit my bank account if my ECS mandate is active and until I give a written request for cancellation of ECS/ Direct Debit.
- I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the ECS/ Direct Debit facility for my premium payments and in the instance of Direct Debit /ECS debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable.
- I hereby authorize ICICI Prudential Life Insurance Co. Ltd. and their authorized Service Providers to debit my Bank Account directly or by ECS (Debit Clearing) for collection of Premium Payments.
- In the future, if I opt out of ECS/ Direct Debit mode I understand that there may be an increase in premium amount
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I hereby authorise to recover ₹ 150 per transaction if the payment is not honored on the due date of premium as per this ECS mandate.

Date

CDF ECS/Direct Debit

Place _____

Applicant's Signature _____ Life Assured's Signature _____ Primary Account Holder's Signature _____ Joint Account Holder's Signature 1 _____ Joint Account Holder's Signature 2 _____
 (If different from Proposer)