CUSTOMER DECLARATION CDF Ver 1.1         Integrated Insurance Broking Services Private Limited. IRDAI Licence No.324, Direct Broker, Licence valid upto 29.01.2021         Integrated Insurance Broking Services Private Limited.				
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 1 Application Number 2				
Proposer's Name:	Life Assu	red:		
Details of Insurance Plan:		<u> </u>		
1) Policy Name: Sum Assured: Premium:	Type of Pla Frequency: Policy te		Endowment ULIP Premium Payment Term:	Pension
1) Policy Name:			Endowment ULIP	Pension
Sum Assured: Premium:			Premium Payment Term:	
PERSONAL DETAILS OF THE LIFE TO BE ASSURED - DETAILED MEDICAL QUESTIONNAIRE				
Height (Ft/ Inches) Weight (Kil 1. Do You Consume Or Have Ever Consumed Tobacco?	ograms)			Yes No
Tobacco Consumed As : Quantity/Day :	No of years :			
2. Do You Consume Or Have Ever Consumed Alcohol?				
3. Do You Consume Or Have Ever Consumed Narcotics?     4. 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? (eg - occupation - Chemical factory, mines,				
explosives, radiation, corrosive chemicals j - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc ) 5. 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)?				
6. Family details of the life 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? 7. Have you lost weight of 10 kgs or more in the last six months?				
8. Do you have any congenital defect/abnormality/physical deformity/handicap?				
<ol> <li>Have you undergone or been advised to undergo any tests/investigation 10.Did you have any ailment/injury/accident requiring treatment/medication</li> </ol>	, , , ,		nedical grounds in the last two vears?	
Hypertension/High BP/high cholesterol Chest pain/Heart attack/any other heart disease or problem 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				
11. 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.?				
12. Are you pregnant at present?				
PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED To,				
ICICI Prudential Life Insurance Company Ltd. Subject: Submission of Online Application VWerequest you to process the above mention Application Number submitted online by me/us on ICICI Prudential's website www.iciciprulife.com. VWe 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. <u>Authorized Person Name</u> , 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.				
DECLARATION FOR THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE:				
(This declaration must be signed by a person other than the employee / advisor of ICICI Prudential Life Insurance Company Limited. The Witness should be related to the Policyholder) 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 impression or has signed in				
vernacular language 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: Contact N	umber:	ce I		
Address: Details of KYC document(s) of Witness:				
IN CASE OF COMBINATION SALES:				
Relationship with Proposer:      Contact Number:      STD       Residence       ISD       Mobile         Address:      STD       Residence       ISD       Mobile         Details of KYC document(s) of Witness:				
APPLICANT'S ACKNOWLEDGEMENT				
We an/are aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies, CERSAI* 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. I/we also agree that the PAN details and other information provided by me/us in the application form maybe used by the				
Company to download/verify my/our KYC documents from the CERSA1* CKYC portal for processing your application. Further, I/we am/are an existing customer(s) of ICICI Bank Limited and give my/our consent to ICICI Bank to share my/our details for the purpose of my/our application/renewal for insurance policy. *Central Registry of Securitisation and Asset Reconstruction and security Interest of India.				
We confirm that I/we have received and understood the Electronic Benefit Illustration /Key Feature Document.				
<ul> <li>In case of ULIPs, I/we understand that premium will be locked in for first five years of the policy period and that I shall not be able to withdraw the money during that period.</li> <li>I/We have understand 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</li> </ul>				
declare that the information provided by me for my risk profiling and recommendation is correct and l/we will not hold licensed intermediary and/or ICICI Prudential responsible for my acceptance of product(s) and fund(s) recommended.				
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.				
Date			1:2 8 1/ 0	
Place	Proposer's Signa	ture	Life Assured's Si (If different from Pro	