

CUSTOMER DECLARATION

CDF Ver 1.5



Applicable for applicants signing in English/ 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

Unique Reference/Application Number

PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED

To,
ICICI Prudential Life Insurance Co. Ltd.
Subject: Submission of Online Application
I/We _____ (Life Assured and the Proposer) request you to process the Application Number _____
for _____ (Product Name) submitted online by _____ me/ us/on my/our instructions on ICICI Prudential's website www.iciciprulife.com.
_____(Name of witness) has explained the relevant documentation/ information and has also made us understand the product features and benefits. I/We confirm that I/ we have read/ been explained relevant documentation/ information and have understood the product features and benefits.
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 Mr./Ms. _____ bearing license/certificate number _____ 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 am/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 CERSAI* CKYC portal for processing your application. Further, I/we am/are an 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/renewal for insurance policy.

*Central Registry of Securitisation and Asset Reconstruction and security Interest of 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 / Key feature document

DECLARATION APPLICABLE FOR THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE:

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 Number:
Address: _____
Details of KYC document(s) of Witness: _____

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 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 (PLEASE TICK AS APPLICABLE):

- I hereby declare and confirm that I am applying for this policy while I am in India/Dubai and I reside in country as indicated in the application form appended hereby.
- 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.

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.

Date Place _____

(Signature of Witness) (Signature of Life Assured) (Signature of Proposer)
(If applicable for signing in vernacular language) (If different from Proposer)

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