CDF Ver 2.2

CUSTOMER DECLARATION

(Applicable to Policyholders affixing thumb impression or signing in vernacular language)

ICICI PRUDENTIAL LIFE INSURANCE

Application Number 0

To ,

ICICI Prudential Life Insurance Company 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 _____ (Name of Witness) _____ on my/our instructions on ICICI Prudential's website www.iciciprulife.com.

_____ (Name of Witness) _____ has explained the relevant documentation/ information to me/us and has also made us understand the product features and benefits. I/We agree that post my/our meeting with _____ bearing license/ certificate number _____ I/we has/have submitted the application through _____ to buy this product of my/our own accord. I/ We further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

I/ We understand and agree that by submitting this application through the Company's website, I/ We will be bound by such statements / disclosures 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 above 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.

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 Number: STD | Residence | ISD | Mobile

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, 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 (PLEASE TICK AS APPLICABLE):

☐ 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 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.

☐ 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 Rs. _____ 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 D D M M Y Y Y Y

Place _____

_____	_____	_____
Signature of Witness	**(Signature of Life Assured)** **(If different from Proposer)**	**(Signature of Proposer)**