CUSTOMER DECLARATION

CDF Ver 2.1

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



То,		Application Nu	ımber 0
ICICI Prudential Life Insurance Company Ltd.			
Subject: Submission of Online Application			
I/We(Life Assured and the Pro	poser)	request you to process the Appl	ication Numberfor
l/We		(Name of Witness)	on my/our instructions on ICICI
roduct features and benefits. I/We agree that po	ost my/our meeting with _		bearing license/ certificate number
I/we has/have s product of my/our own accord. I/ We further certify that the rep	submitted the application through lies in the proposal form have be	n en recorded as per the information provid	ed by me/us.
I/ We understand and agree that by submitting this application manner and to the same extent, as if I/ We have signed and suble I/We fully understand the nature of the questions including he questions in this application. I/We declare that answers give Insurance Co. Ltd. as to the state of health & habits of the life/line I/ We undertake to notify ICICI Prudential Life Insurance Compusubmitting of this application and before the acceptance of the	on through the Company's websi omitted a written proposal for insu- ealth related questions and the in on by me/us to all the questions wes to be assured are true and cor pany Limited ("the Company") of	te, I/ We will be bound by such state in a urance to the Company. nportance of disclosing all material inform in the above online application including nplete in every respect.	ntsskdisclosures of material facts in the same mation to the Company while answering such the information given to ICICI Prudential Life
$I/We\ understand\ that\ any\ mis-statement\ or\ suppression\ or\ not the\ Company\ reserves\ the\ right\ to\ repudiate\ the\ claim\ or\ declaration of\ the\ claim\ or\ declaration of\ the\ claim\ or\ declaration\ that\ the\ claim\ or\ declaration\ that\ the\ claim\ or\ declaration\ that\ the\ that\ that\ that\ the\ that\ the\ that\ that\ the\ that\ the\ that\ the\ that\ the\ that\ the\ that\ that\ the\ that\ the\ that\ that\ the\ that\ that\$	re the policy void in accordance v	vith Section 45 of the Insurance Act.	ot notified of any change as mentioned above,
The Company reserves the right to accept, decline or offer alter I hereby declare and confirm that I am making the premium payin case the premium payment is not made from my own account	yment towards this application th		l and I agree to submit a third party declaration
DECLARATION FOR THUMB IMPRESSION / SIGNING IN V	VERNACULAR LANGUAGE:		
(This declaration must be signed by a person other than the Policyholder)	he employee / advisor of ICICI	Prudential Life Insurance Company Lin	nited. The Witness should be related to the
This is to certify that I have read out the contents of this s has understood the same.	tatement to Mr./Mrs		and he/she
Further, I would also like to certify that Mr./Mrs_impression or has signed in vernacular language in my prese	ence after I have explained the a	hove contents to him/her	has affixed his/her thumb
I declare that whatever I have stated herein above is true and	•		
Name of the Witness:			
Relationship with Proposer:Address:	Contact Number: STD		SD Mobile
Details of KYC document(s) of Witness:			
ADDLICADI ETO NDI/DIO/FORFICN NATIONAL.			
These applications shall be processed and underwritten is governed and construed in accordance with the laws of In			
subject to the exclusive jurisdiction of the courts of Mumb • All policy related communication shall be sent only to com		tahrain and Duhai	
This document/application does not constitute the distrit offer is not authorized or to any person to whom it is unlaw DECLARATION (PLEASE TICK AS APPLICABLE):	oution of any information or the n	naking of offer or solicitation by anyone i	n any jurisdiction in which such distribution or
I hereby declare and confirm that I am applying for this po	olicy while I am in India/Bahrain/D	ubai and I reside in country as indicated i	n the application form appended hereby.
☐ I hereby declare and confirm that I am allowed to procure,	obtain life insurance policies off	ered by ICICI Prudential Life Insurance Co	mpany Ltd.
I hereby declare and confirm that I am not prohibited/pred	cluded by the laws of any country,	jurisdictionto avail life insurance policies	from insurance companies registered in India.
IN CASE OF COMBINATION SALES:			
I have opted for the Combination Solution comprising product assist me in planning my finances. The authorized person has availed separately. Having chosen to avail these products, I have Further, I understand and agree that in case application(s) for premium shall be refunded with deductions of appropriate characteristics.	s explained the product features ave made the payment of Rs r any of the products is/are rejec	towards the	t these are different products and can also be first premium deposit for the above products.
Date D D M M Y Y Y Y			Place
Signature of Witness	(Signature of Life		(Signature of Proposer)