

Form ID 29 Ver 1

## PROPOSAL FORM FOR ICICI PRU LOAN PROTECT

Please fill this form in BLACK INK & CAPITAL letters only.

For office use only																													
LOB / Agent Code										Agent / AFSM Name										Channel Code									
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LIM / CSR Code										Bank A/C																			
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CAFOS Code										SP Code																			
Opp ID																													

Proposer's Photograph  
(Please affix color photograph)

**IMPORTANT GUIDELINES:**

1) Insurance is a contract of utmost good faith between the Insurer and the Insured. The Life to be Assured is required to disclose all facts correctly in response to the questions asked in this application form.

### I. Details of the Proposer/ Life to be Assured (Applicant)

**Full Name** (Leave a blank space between First and Last Name)

Mr.  Ms.  Dr.

**Communication Address** (Address to which policy document will be dispatched)

Permanent Address (If different from the above address)

[illegible]

\*Receive alerts through SMS

Email ID\*

\*Receive communication via e-mail

**DOB**  **Gender** ☒ Male ☐ Female **Nationality** ☒ Indian ☐ Non Indian

**Marital Status** ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorced **Resident Status** ☐ Resident ☐ NRI ☐ PIO

Education	Post Grad.	Graduate	Diploma	12 <sup>th</sup> pass	10 <sup>th</sup> pass	Below10 <sup>th</sup>
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**Occupation** ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired

Others	(Please Specify if Others)
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Industry Type	Business Type							
	Jewellery	Import/Export	Mining	Shipping	Scrap Dealing	Real Estate	Agriculture	
	Stock Broking	Others	(Please Specify)					N/A

Organisation Type	Govt.	Pvt. Ltd.	Public Ltd.	Partner/ Proprietor	Trust	HUF	Society	Section 25 Company	Others
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Type	Proprietor	Company
Name of the Org./Business	Total Years in Service/Business	

Income(Annual) in ₹

**Income Proof**  
(Proposer)

**PAN**   
(Proposer) *(include form 60 if PAN is not available)*

**Are you a Politically Exposed Person (Proposer/Life to be Assured)?**

**Identity Proof**  
(Proposer)

(Proposer)

**Address Proof**

(Proposer)

Aadhaar Number  
(Proposer)

Yes ☐ No ☐ Existing KYC Number  Central KYC registry number, if available)

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a **foreign country**, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

## II. Personal / Medical details of the Life to be Assured

### SUPPRESSING FACTS OR PROVIDING WRONG INFORMATION WILL ADVERSELY IMPACT PAYMENT OF YOUR CLAIM

1. Age Proof ☐ Passport ☐ Driving Licence ☐ School/ College Certificate ☐ Others ☐ Specify

2. a. Height (Ft/ Inches)    cms

b. Weight (Kilograms)

### c. Do you consume or have you consumed any of the following:

Substance Consumed	Yes/No	Consumed as	Quantity	No of Years
Tobacco	Y/N	Cigar/Cigarette/Beed/Gutka	Quantity/Day	
Alcohol	Y/N	Beer/Wine/Hard Liquor	Quantity/Week	
Any Narcotics	Y/N			

Yes No

3. Have you lost 10kgs or more weight in last six months?

4. Have you ever consulted a doctor or have you been diagnosed or have you been advised to undergo or have you undergone any surgical operation or any medical investigation or treatment (other than minor cough, cold and flu) during the last five years?

5. Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 7 days for any condition, other than minor coughs, cold, flu, appendix or typhoid?

6. Have you ever suffered from or are diagnosed of or are you suffering from any of the following conditions:

Please use ũ to indicate the condition(s).

☐ Hypertension / High Blood Pressure  
☐ Fits, Blackouts or Nervous Disorders  
☐ Kidney Problems or Disease of the Reproductive Organs  
☐ Diabetes / High Blood Sugar / Sugar in Urine  
☐ Any Blood Disorder (e.g. Anaemia, Thalassemia)  
☐ Any Digestive Disorder (e.g. Ulcer, Colitis)  
☐ Stroke / Paralysis  
☐ Psychiatric or Mental Disorder  
☐ Musculoskeletal or Joint Disorder

☐ HIV Infection / AIDS or Positive Test for HIV  
☐ Cancer, Tumour, Growth or Cyst of any kind  
☐ Asthma, Tuberculosis or Any Other Lung Disorder  
☐ Liver Problems / Jaundice / Hepatitis B or C  
☐ High Cholesterol  
☐ Chest Pain / Heart Attack  
☐ Any Other Heart Disease / Problem  
☐ Disorder of the Glands (e.g. Thyroid)

7. Are you suffering from or have you previously suffered from any other illness or injury or have you ever undergone or diagnosed or advised to undergo any surgical operation or do you have any congenital defect or physical deformity / handicap, which is not mentioned above?

8. The following questions need to be answered if the Life to be Assured is a female:

a. Are you pregnant at present?

If "Yes", please state how many months pregnant: \_\_\_\_\_

b. Have you suffered from any gynaecological problem or illness related to breasts, uterus or ovary

(If your answer to any of the questions from Q.No. 3 to 8b is Yes, please provide details below)

Please give full particulars with question number and details of exacts diagnosis, investigations done, treatment details and current status submit previous medical reports (if any), as receipt of these reports would help us in faster assessment of the health of the Life to be Assured. Please attach a separate sheet in case the space is inadequate.

Question number	Details if marked 'Yes'

## III. Previous Policy Details

1. Details of Life Insurance/Mediclaim/Health/Personal Accident policies of the Life to be Assured held/applied with ICICI Prudential Life Insurance Company Limited/other companies. (Have any such proposals on your life / application for reinstatement ever been accepted with extra premium, postponement, decline, withdrawal, non completion, been offered on modified terms. If yes, please provide details.)

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (in ₹)	Annual Premium (in ₹)	Base Plan / Rider Decision	Medical Policy	In Force/ Lapsed
						Y/N	
						Y/N	

2. If any of the above policy is purchased in conjunction with a home loan or loan against property, then please specify if the policy benefits include:

☐ Life Cover ☐ Critical Illness Cover

## IV. Nominee Details

Full Name (Leave a blank space between First and Last Name)

FIRST LAST  
DOB DDMMYY Gender ☐ Male ☐ Female ☐ Transgender Relationship with Life Assured

## V. Appointee Details (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)

Full Name (Leave a blank space between First and Last Name)

FIRST LAST  
DOB DDMMYY Relationship with Nominee Gender ☐ Male ☐ Female ☐ Transgender

## VI. Loan Details

1. Loan Status ☐ Main Applicant ☐ Co- Applicant

3. LAN

5. Outstanding Loan Amount (in ₹)

7. Loan type ☐ Mortgage Loan ☐ Auto Loan

2. Name of the city where the property is located

4. Date of commencement of Loan DDMMYY

6. Outstanding Loan Tenure (Years) (Months)

## VII. Particulars Of Products Applied For

1. Objective of taking this policy ☐ Protection ☐ Others Please specify

2. Premium Payment Mode ☐ Yearly

3. Annual Premium Amount (in ₹):

4. Sum Assured Option ☐ Fixed Sum Assured ☐ Reducing Sum Assured

5. Product Name

6. Sum Assured (in ₹)

7. Policy Term

8. Premium Payment Term ☐ Single Pay ☐ Five Pay

## VIII. Particulars of Premium Deposit

1. Mode of First Premium deposit	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque/ DD	<input type="checkbox"/> NEFT	<input type="checkbox"/> Credit Card	<input type="checkbox"/> If Other's Please specify		
2. Amount (in ₹)	<input type="text"/>						
3. Mode (for renewal premium)	<input type="checkbox"/> ECS	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Others	<input type="text"/> Specify
4. Funding	<input type="checkbox"/> By Self	<input type="checkbox"/> Funded by Institution	<input type="text"/> Institution / Bank Name Please specify			5. Cheque/DD No. <input type="text"/>	
6. Account Number	<input type="text"/>					7. Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings	
8. Source of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Business Income	<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Others	<input type="text"/> Specify	

**Note:** 1. Cheque/ DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the Life to be Assured behind the cheque/ DD. 2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. In case of non-acceptance/ withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical tests/ examination. 4. Please note that a copy of PAN card or form 60/ 61 as applicable shall be required for premium payment of 50,000/- or more. You are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant policy holder.

## IX. DECLARATION & AUTHORIZATION

I declare that I have answered the questions in the application form and have duly signed it after understanding its contents. I have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I declare that the answers given by me to all the questions in the application form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life to be assured are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I have made no statement to the Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me in this application form. I undertake to notify the Company of any change in the information given by me in the application form with respect to the Life to be Assured subsequent to the signing of this application form and before the receipt of the policy document. I also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to variation/taxes/ duties/ charges in accordance to applicable laws. I confirm that all premiums will be paid from bonafide sources. I agree that I will not use fraudulent means for making claims. I declare that there have been no criminal proceedings (pending or commenced) against me in the last 5 years. I hereby authorize the Bank and or any other external agencies to provide details of my KYC documents available with them to ICICI Prudential Life Insurance Company Limited for the purpose of issuing a policy on the basis of the information provided by me in this application form.

I hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I hereby give my consent to undergo HIV/1/2 test. I am aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. I hereby authorize ICICI Prudential Life Insurance Co. Ltd. to mail all service related communications to the email id as mentioned in the application form (applicable only if email id provided). The Company reserves the right to accept, decline or offer alternate terms on my application for Life Insurance. In order to enable the Company to assess the risk under this application and any time thereafter, I hereby, authorize the past and present employer(s)/business associates/medical practitioner(s)/hospital and medical source/any life and non-life insurance Company or organization or Life Insurance Association's medical register to release to the Company and the Company to release to any life and non-life insurance Company/or Life Insurance Association or medical register, such details and provide the records of employment/business or other details as may be considered relevant. This application form shall be a part of the life insurance policy contract, in case of its acceptance by the Company.

I/We understand that in case of fraud or misstatement by me/us, the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misstatement being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

### Sections of the Insurance Act 1938, as amended from time to time (4 of 1938):

**Section 41 - Prohibition of rebates:** (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

**Section 45 - Policy not to be called in question on ground of mis-statement after two years:** No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the application for insurance or in any report of a medical officer, or referee, or friend of the insured or in any other document leading to the issue of the policy was inaccurate or false unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the application.

I hereby authorize  financial institution, which has funded from which I have availed the home loan, to share any documents, information and any other particulars related to me with ICICI Prudential Life Insurance Company Limited. I further authorize the financial institution to provide details of my KYC documents available with them to ICICI Prudential Life Insurance Company Limited on the basis of the information provided by me in this application.

In the event where the first premium deposit is being funded by the Financial Institution from whom I have availed the loan, I hereby authorize ICICI Prudential Life Insurance Company Limited to refund the amount subject to deductions, if any to the same, in case of decline / withdrawal of this application.

"I hereby consent to receiving information from Central KYC registry through SMS or email on the above registered number or email address."

Date         Place

Signature / Thumb  
impression of Proposer / Life to be Assured

### PLEASE NOTE:

In case of payments by Cheque / Demand Draft, please draw the instrument in favour of "ICICI Pru Life Application No. \_\_\_\_\_"

- Any Cheque / Cash / Demand Draft payment made shall be deemed to be received by ICICI Prudential Life Insurance Co. Ltd. only when the same has been received by any office or collection point and after an official receipt is issued by the Company.
- Should you choose to pay premium by Cash, you are advised to do so only at the nearest ICICI Prudential Life Insurance Co. Ltd. Branch or its authorized collection points. Handing over cash to any Advisor / Employee is solely at your own risk and the Company shall in no way be held responsible for any loss in this regard.
- This acknowledgment slip does not in any way communicate acceptance or commencement of risk under the application submitted by you. This is only an acknowledgment slip and is not the premium receipt. This acknowledgment slip should not be used for Income Tax purposes.
- The premium receipt shall be issued once the Company accepts the risk on your life and the amount deposited is applied to your policy as premium.
- In case you do not receive the Policy Document within 17 days of completing all your requirements, please contact us on our customer service helpline.

## CONTACT US



Visit us at  
[www.iciciprulife.com](http://www.iciciprulife.com)



Call us on:  
1800 2660\*



Write to us at our  
Communication Address



E-mail us at  
[lifeline@iciciprulife.com](mailto:lifeline@iciciprulife.com)

**Call Centre Timings:** 9 am. to 9 pm. IST Monday to Saturday, except National holidays. \*When calling our customer service, please do not prefix "+" or "91" or "00" before the number. International Customers can call +91 80-6938-5555. Charges as applicable.

**Communication Address:** ICICI Prudential Life Insurance Company Limited, Ground Floor & Upper Basement, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai- 400097.

**X. DECLARATION (If signed in Vernacular language / If you have affixed a Thumb impression above)**

Applicable where the Proposer is illiterate or is suffering from disability due to which writing is restricted or where the Proposer has signed in vernacular language.

**Declaration by Witness:** This is to certify that I have read out and explained the contents of the proposal to (Name of the Proposer) \_\_\_\_\_ Post which the proposer has affixed his / her thumb impression or has signed in vernacular language in my presence.

I \_\_\_\_\_ (Name of Witness) further declare that whatever details and information I have recorded in the proposal and have been provided to me by the proposer only after understanding the nature of questions. Responses given by the proposer have been thoroughly read out to him/her and the same has been confirmed by him/her to be correct.

Relationship with Proposer: \_\_\_\_\_ Contact Details: \_\_\_\_\_  
Address of Witness: \_\_\_\_\_

**Declaration by Proposer:** In the consideration of the above declaration by witness, I / we confirm that the contents of the proposal and the customer declaration form have been read out and explained to me / us and I / we have understood the same. I affirm that the information has been provided by me in light of the explanation provided by the witness. I further confirm that the details / preferences required in the form, have been recorded accurately by the witness and are in accordance with the instructions given by me.

Date

Place

Signature of Witness

Proposer  
Signature in vernacular/Thumb Impression

(The above must be witnessed by someone other than the Agent /employee of the Company)

**XI. Payout Mode (Choose any one mode only)**

Mode selected would be used by the company to make payout(s). Payout would be in accordance and subject to the terms and conditions of the policy. Cheque would be used if none of the below Electronic Payout Option is chosen.

1. Mode of deposit ☐ ECS ☐ Direct Credit (Select Banks only) ☐ NEFT 2. Account Type ☐ Current ☐ Savings  
3. Bank Name  4. Bank Branch   
5. Account Number  6. MICR Code   
7. IFSC Code

**Note:** 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Signature of Proposer

**XII. Advisor's Confidential Report (Mandatory for Advisor/AFSM to fill):**

I hereby declare that the customer has understood the nature of questions in the proposal form and the importance of disclosing all the material information. I declare the facts disclosed in the proposal form are true and correct to the best of my knowledge and belief. I confirm having verified the identity of the Life Assured, source of fund and address of the customer and the proofs submitted along with this form with the original documents.

1. Name of the Main Applicant of the Home Loan   
2. Name of the Co-Applicant of the Home Loan   
3. Nature of Work  4. How do you know the Life to be Assured?   
5. How long have you known the Life to be Assured? (yrs)  6. Is the Life to be Assured related to you? ☐ Yes ☐ No  If Yes Give Details  
7. Income details of Life to be Assured (₹ Per annum)  Give Details   
8. Personal Asset details: (A) House ☐ Owned ☐ Rented ☐ Co. Provided (B) Vehicle ☐ 4 Wheeler ☐ 2 Wheeler ☐ NA  
9. General Health details of Life to be Assured as observed/ informed to you:  
Physical Handicap/ Deformity ☐ Yes# Mental Retardation ☐ Yes# History of any Illness/ Surgery ☐ Yes# Medical Investigations done ☐ Yes#  
If answer to any of the above questions is yes, please provide details \_\_\_\_\_  
10. Any other risk associated with Occupation, Sports Pursuit or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the insurance proposal, please provide details \_\_\_\_\_  
11. Any other material information or facts as regards to the social/ financial status and the source of funds of the Main Applicant and/or Co-Applicant which might have any adverse impact on acceptance of the proposal, please provide details \_\_\_\_\_  
12. Is the Main Applicant of the Home Loan a: ☐ Judge ☐ Member of Parliament ☐ Member of state legislature ☐ National / State level office bearer of political party  
13. Is the Co-Applicant of the Home Loan a: ☐ Judge ☐ Member of Parliament ☐ Member of state legislature ☐ National / State level office bearer of political party  
(\*Tick if applicable, default value No)

Other Remarks:  Material disclosure pertaining to any adverse habit, health or income inconsistency of the prospect

Signature of the Advisor/AFSM

Name and Code No. of the Advisor/AFSM

Date :

Place :



Application No.  MA

**ACKNOWLEDGEMENT SLIP**

Received from \_\_\_\_\_  
the proposal for Life Insurance along with ₹ \_\_\_\_\_ by way of cash/ cheque/ DD No./ credit card/ NEFT \_\_\_\_\_ drawn on

Date of cheque/ deposit   
Instrument No.   
Drawn on/ Issuing Bank   
Plan name   
Date received

Signature and Rubber stamp of Branch official

