

CUSTOMER DECLARATION FORM

CDF Ver 2



Applicable for applicants signing in English.

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.

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

For office use only

LOB/Agent Code	Agent / AFSM Name
Bank / Branch / Source	FSC code
Cafos Code	Opp ID
RM/SP/IS/POS code	Aadhaar of SP/POS
Bank A/C	Application Date

Proposer's Photograph
(Please affix color photograph)

Application Number: _____ Proposer's Name: _____ Proposer Gender: M F

Proposer DOB: DDMMYYYY Proposer mobile number: _____ Proposer PAN number: _____

Mother's Name: _____ Name of Organisation: _____

Occupation: Salaried Organisation Type: Govt. Pvt. Ltd. Public Ltd. Partner/Proprietor Trust HUF Society Section 25 Company Others

Details of Insurance Plan:
Policy Name: _____ Benefit Payout Option: Lumpsum Life Benefit Option: Life Term Type of Plan: Term Protection Saving
Premium Payment Term: _____ Sum Assured: _____ Premium: _____ Frequency: _____ Purpose of buying the policy: Protection Saving

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

To,
ICICI Prudential Life Insurance Company Ltd.
Subject: Submission of Application
I/We _____ Proposer Name request you to process the above mention Application Number submitted by me.
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 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. _____ Authorized Person Name, has duly filled the details in the life insurance application form based on the details shared by me at the time of opening salary account in my/our presence with Standard Chartered bank. All details shared are 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 understand and agree that by submitting this application, I/ We will be bound by such statements / disclosure 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 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.

NOMINEE DETAILS (To be filled only if Proposer & Life to be Assured are same.)
Full Name (Leave a blank space between First and Last Name) _____
DOB DDMMYYYY Gender Male Female Relationship with Life Assured _____

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) _____
DOB DDMMYYYY Gender Male Female Relationship with Nominee _____

APPLICANT'S ACKNOWLEDGEMENT
 I/We am/are aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies 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, 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. Further, I/we am/are an existing customer(s) of Standard Chartered Bank Limited and/ and give my/our consent to Standard Chartered Bank/ to share my/our details for the purpose of my/our application/renewal for insurance policy.
 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 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 Standard Chartered Bank.

DETAILED MEDICAL QUESTIONNAIRE
SUPPRESSING FACTS OR GIVING WRONG INFORMATION WILL ADVERSELY IMPACT PAYMENT OF YOUR CLAIM
1. Age Proof _____ Specify _____
2. a. Height (Ft/ Inches) _____ cms b. Weight (Kilograms) _____
c. Do you consume or have consumed any of the following?

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

3. Lifestyle details of the Life to be Assured
a. 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? (e.g. occupation- chemical factory, mines, explosives, radiation, corrosive chemicals & hobbies – aviation other than as a fare paying passenger, diving, mountaineering, any form of racing etc.) Yes No
b. 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) Yes No
4. Family details of the life to be 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, Yes No
5. Have you lost weight of 10 kgs or more in the last six months? Yes No
6. Do you have any congenital defect/abnormality/physical deformity/handicap? Yes No
7. Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in past? Yes No
8. Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years? Yes No
9. Have you ever suffered or been diagnosed with or been treated for any of the following? None of the below Yes No
10. To be answered by female lives only
a. 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.? Yes No
b. Are you pregnant at present? Yes No
If yes, please mention number of weeks _____

Question number	Details if marked 'Yes'
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All KYC documents collected by RM/SP: _____ Would You Like To Share Your Portfolio/Fund Details With Your Advisor/Agent: Yes No Source of Fund: _____ Salary

PREVIOUS POLICY DETAILS

Details of Life Insurance/Mediclaim/Health/Personal Accident policies of the Life to be Assured held/applied with ICICI Prudential/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.)

\$ Mention year of Lapse/Revival applied for

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 ¹
						Y/N	
						Y/N	

Are you a Politically Exposed Person Yes No

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.

PARTICULARS OF FIRST PREMIUM DEPOSIT

1. Mode of deposit Cash Cheque/ DD Credit Card Others

2. Amount (in ₹) 3. Bank 4. Cheque/DD No.

5. Is the premium paid by a person other than Proposer (If yes, please submit third party declaration) Yes (Tick if applicable, default value No)

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 proposer 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 Form60/61 as applicable shall be required for premium payments in cash of Rs.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 proposer/ policy holder.

PAYOUT MODE (CHOOSE ANY ONE MODE ONLY)

Mode selected would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

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.

PLEASE SELECT APPROPRIATE PREMIUM CORRESPONDING TO YOUR AGE

Age	Term	PPT	SA	MALE		FEMALE		Age	Term	PPT	SA	MALE		FEMALE	
				Options	Premium	Options	Premium					Options	Premium	Options	Premium
18	15	10	4500000		568		568	32	15	10	4500000		732		674
19	15	10	4500000		572		568	33	15	10	4500000		766		701
20	15	10	4500000		577		568	34	15	10	4500000		806		732
21	15	10	4500000		583		572	35	15	10	4500000		852		766
22	15	10	4500000		588		577	36	15	10	4500000		909		806
23	15	10	4500000		594		583	37	15	10	4500000		972		852
24	15	10	4500000		599		588	38	15	10	4500000		1043		909
25	15	10	4500000		605		594	39	15	10	4500000		1120		972
26	15	10	4500000		615		599	40	15	10	4500000		1205		1043
27	15	10	4500000		627		605	41	15	10	4500000		1305		1120
28	15	10	4500000		640		615	42	15	10	4500000		1414		1205
29	15	10	4500000		655		627	43	15	10	4500000		1529		1305
30	15	10	4500000		674		640	44	15	10	4500000		1653		1414
31	15	10	4500000		701		655	45	15	10	4500000		1785		1529

*premium includes 18% GST

Date

Place

Proposer's Signature

ADVISOR'S CONFIDENTIAL REPORT (Mandatory for Advisor/AFSM/SP/POSP 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 Proposer and Life Assured, source of fund and address of the customer and the proofs submitted along with this form with the original documents. I submit I have explained the benefit illustration to the applicant prior to his consenting to purchase insurance.

1. How do you know the Proposer/Life to be Assured? How long have you known the Proposer/ Life to be Assured? (yrs). Is the Proposer/Life to be Assured related to you?

2. Income details of Proposer/Life to be Assured (₹ Per annum) Give Details

3. 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

4. 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

5. Any other material information or facts as regards to the social/ financial status and the source of funds of the proposer which might have any adverse impact on acceptance of the proposal, please provide details

6. Is the Proposer 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/SP/POSP

Name and Code No. of the Advisor/AFSM/SP/POSP

Date :

Place :