ADVISOR DECLARATION FOR REINSTATEMENT

ADFR Ver 1.2

ICICI PRUDENTIAL
LIFE INSURANCE

Advisor Code | | | | | | | | | | |

Mobile Number_____

Email ID_____

UM Code_____

Area Code_____

UM Name_____

Applicant's Photograph
(Please affix recent color photograph)

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_____ Applicant's _____ request you to process the

Application Number/Advisor code _____ _____submitted online by me on ICICI Prudential's website. I hereby confirm that I have read and understood the Terms And Conditions applicable to Insurance Advisors as specified by the Company on its website http://www.iciciprulife.com/public/pdf/T_N_C_For_Insurance_Advisor.pdf and I agree and undertake to be bound by the same.

I hereby confirm that the contents of the REINSTATEMENT form has been filled by me and the information provided by me is true and correct in all aspects

I understand and agree that by submitting this application I will be bound by such statements / disclosures of material facts in the same manner and to the same extent, as if I have signed and submitted a written proposal for insurance to the Company.

I hereby confirm that apart from as mentioned below. I do not have any business relationship with any employee of ICICI prudential life insurance company Ltd., its partner Banks/Corporate Agencies/Broker/ICICI Group Companies/Vendor (e.g. Employee / partner, / vendor etc.,)

Describe Relationship: I hereby confirm that apart from the relations as mentioned below, I do not have any personal relationship with any employee of ICICI Prudential Life Insurance Co. Ltd.

I. Name of the employee related to: _____

II. Describe Relationship:_____(e.g. Sisters, brothers, parents, daughters -in-law, sons-in-law, others please specify. Please note, applicant's whose spouse or children are already employed in the company are not eligible to become an advisor with us.)

I _____ (UM/DM/GA) hereby declare that I have seen and verified the original documents of the above mentioned applicant. Further, I declare that the photograph provided is the latest photograph of the applicant and belongs to him/her as mentioned on the photo ID proof.

Date | D | D | | M | M | | Y | Y | Y | Y |

Place _____

(Please sign inside the box)

(Signature of Advisor)

(Please sign inside the box)

(Signature of UM/DM/GA)

Branch Name_____

BDOPS Executive Name_____

BDOPS Employee ID_____

COMP/DOC/Oct/2020/2910/4681