# CUSTOMER DECLARATION AND DIRECT DEBIT FORM

CDF Ver 1.1

**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.

ICICI PRUDENTIAL LIFE INSURANCE

**Application Number** _____

**Proposer's Name / Life Assured Name:** _____

**Details of Insurance Plan:**

**1) Policy Name:** _____ **Type of Plan:** ☐ **Term** ☐ **Endowment** ☐ **ULIP** ☐ **Pension**

**Sum Assured:**_____ **Premium:**_____ **Frequency:**_____ **Policy term:**_____ **Premium Payment Term:**_____

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

**To ,**
**ICICI Prudential Life Insurance Company Ltd.**
**Subject: Submission of Online Application**

I/We_____Proposer Name_____request you to process the above mention Application Number submitted online by me/ us on ICICI Prudential's website www.iciciprulife.com.
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 application form in my/our presence and 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.

## IN CASE OF COMBINATION SALES:

I have opted for the Combination Solution comprising products like _____, _____, _____, 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 ₹ _____ 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.

## 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, CERSAI* 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, within the ICICI group and/or 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. I/we also agree that the PAN details and other information provided by me/us in the application form maybe used by the Company to download/verify my/our KYC documents from the CERSAI* CKYC portal for processing your application. Further, I/we am/are an existing customer(s) of ICICI Bank Limited and give my/our consent to ICICI Bank to share my/our details for the purpose of my/our application/renewal for insurance policy.

*Central Registry of Securitisation and Asset Reconstruction and security Interest of India.

☐ I/We confirm that I/we have received and understood the Electronic Benefit Illustration/Key Feature Document.

☐ 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 ICICI Bank. I/We declare that the information provided by me for my risk profiling and recommendation is correct and I/we will not hold ICICI Bank 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 ICICI Bank. I/We wish to supersede the recommendations of ICICI Bank and have opted for the Life Insurance product(s) as highlighted above. I/We will not hold ICICI Bank or ICICI Prudential responsible for my acceptance of such product(s) and fund(s) as per my/our understanding.

**Date** _____

**Place** _____

_____
**Proposer's Signature**

_____
**Life Assured's Signature**
(If different from Proposer)

## DIRECT DEBIT APPLICATION FORM

**To The Branch Manager, UI Code: 4000220**
**Bank: ICICI BANK** **Bank Name** I C I C I B A N K

| Application No. | | |
|---|---|---|
| Amount (₹)* | | |

**From** D D M M Y Y Y Y

**To** Until Cancelled ☑

**I hereby instruct the bank to debit my account and pay to ICICI Prudential Life Insurance Co. Ltd. as per the demand sent by ICICI Prudential Life Insurance Co. Ltd" As and when Presented.**

**Name of Account Holder**
(as mentioned in Bank Account) _____

**CBS Account No.** _____

**Account Type:** ☐ **Current Account** ☐ **Saving Account** ☐ **Cash Credit Account** **In case of Current A/c please affix Proprietary Firm / Company stamp on the mandate.**

Certified that the particulars furnished above are correct and as per our records. All credits/ refunds will be directed to the above mentioned bank account

BANK STAMP

_____
Signature of Authorised Bank Official

**Date** _____

**The Direct Debit request will get rejected if: 1. The above account details do not tally with your bank records 2. A cancelled/ photocopied cheque is not attached**

**DECLARATION:**

- I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Direct Debit. I understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time.
- As a customer of ICICI Bank, I hereby consent for "debit my bank account on call" facility for renewing this ICICI Prudential Life Insurance policy when I am contacted by ICICI Bank Phone Banking
- I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date or preferred date as opted on the Direct Debit form (provided the day is working day). I agree to discharge the responsibility expected of me as a participant under the scheme.
- I authorize the above mentioned bank to debit my bank account if my mandate is active and until I give a written request for cancellation of Direct Debit.
- I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the Direct Debit facility for my premium payments and in the instance of Direct Debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable.
- I hereby authorize ICICI Prudential Life Insurance Co. Ltd. and their authorized Service Providers to debit my Bank Account directly for collection of Premium Payments.
- In the future, if I opt out of Direct Debit mode I understand that there may be an increase in premium amount. In case of any changes/ increase in the premium amount due to regulatory changes, the transaction will be presented with the revised amount.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I hereby authorize ICICI Prudential Life Insurance Co Ltd to recover ₹ 150/- per transaction if the payment is not honoured on the due date of premium as per this Mandate.

_____
**Primary Account Holder's Signature**

_____
**Joint Account Holder's**
Signature 1

_____
**Joint Account Holder's**
Signature 2

COMP/DOC/Jan/2021/281/5180