

(To be completed by Non Resident Indian (NRI))

Application Number:

Sr.No.	Particulars	Details of Life to be Assured	Details of Proposer
1	Name		
2	Date of Birth	a. <input type="text"/>	a. <input type="text"/>
3	Country of Current Residence		
4	Passport Details: a. Passport Number b. Date of Issue c. Place of Issue	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5	Purpose of your stay abroad	<input type="checkbox"/> Occupation <input type="checkbox"/> Education <input type="checkbox"/> Personal	<input type="checkbox"/> Occupation <input type="checkbox"/> Education <input type="checkbox"/> Personal
6	If education : a. Name of University / Institution in which you are studying b. Course Details (including duration of the course and proposed date of completion of the Course)	a. _____ b. _____	a. _____ b. _____
7	Duration of your stay abroad		
8	Purpose of your current visit to India		
9	VISA Status	<input type="checkbox"/> Work Visa <input type="checkbox"/> Travel Visa <input type="checkbox"/> Residence Visa <input type="checkbox"/> Other Other please specify _____	<input type="checkbox"/> Work Visa <input type="checkbox"/> Travel Visa <input type="checkbox"/> Residence Visa <input type="checkbox"/> Other Other please specify _____
10	Date of Arrival in India	<input type="text"/>	<input type="text"/>
11	Date when you intend to leave from India after your current visit	<input type="text"/>	<input type="text"/>
12	Taxpayer Identification Number (TIN No) : _____ Functional Equivalent Number / Common ID no. (in case of no TIN No) Issued in country of residence. e.g. (Social Security No, CPR, Green Card number , Permanent residency number or any unique identification number provided by Govt.etc). If TIN No: / Functional Equivalent Number / Common ID no. is not available with Life Assured, please clarify the reason for same. _____		
13	Full Address in the Country of your residence	Address <input type="text"/> <input type="text"/> Landmark <input type="text"/> City <input type="text"/> State <input type="text"/> Pincode <input type="text"/> Mobile No. with country code <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14	Details of Non Resident Account held in India:		
	Name of Bank	<input type="text"/>	<input type="text"/>
	Type of Account	_____	_____
	Account Number	<input type="text"/>	<input type="text"/>
	Address of Bank Branch	_____	_____

Sr.No.	Particulars	Details of Life to be Assured	Details of Proposer
15	Are you or your close relative are PEP – politically exposed person domestically/ in an international organization/ in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____		

Declaration by the Life to be insured / Proposer (if the life to be insured and proposer are two different persons)

I, the undersigned, hereby confirm that the above statements and answers, given by me are full, complete and true. And I agree to treat this document as part of the original proposal form.

I hereby agree to pay all premiums in India and in Indian Rupees only and also agree that claims of any nature arising under the policy will be settled by the Company in India and in Indian Rupees only.

I also agree that any legal consequence(s) is subject to Indian jurisdiction only.

I confirm that this product has been solicited to me in person in India OR through e-mail / telephone communication from India

I undertake to inform the Company for any change in the above particulars including residential status. In case of any failure to do so, I shall indemnify the company for all losses and damages incurred by the Company due to non-fulfillment of my aforesaid obligation to the Company.

I also undertake to comply with all the regulations/guidelines issued by Reserve Bank of India or any other regulatory authority with reference to NRIs and the related Insurance policies in India from time to time.

Signature/Thumb impression of Life Insured

Signature /Thumb impression of Proposer

Date: Place: _____

VERNACULAR DECLARATION:

(In case Life Insured/Proposer had answered /signed in Vernacular Language / Thumb impression)

The thumb impression or signature of the Life Insured/Applicant should be attested by a person of standing whose identity can easily be established and this declaration should be made by him/her.

I _____ (name) holding _____ (ID Card type) with number _____ (ID Card number) hereby declare that I have explained the contents of this questionnaire to the Life Insured/Proposer in _____ language and that I have read out to the Life Insured /Proposer the answers to the questions dictated by the Life Insured/Proposer. The information / answers filled in the questionnaire are exact replication of the information / answers provided to me by the Life Insured/Proposer and that the Life Insured/Proposer has affixed his/her signature/thumb impression on the questionnaire after fully understanding the contents thereof.

Signature/Thumb impression of Life Insured

Signature/Thumb impression of Proposer

Signature of the Person making the Declaration

Date Place: _____

Witness Details: Name: _____ Signature: _____

ID Proof Type: _____ ID Proof Number: _____

Mandatory Document:

1. Kindly provide Photocopy of your Passport with all relevant pages along with your Application Form
2. To avail the exemption of Service Tax , kindly provide valid proof of your current foreign residence mentioned under Q.13