IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda | Legal & General | Andhra Bank

Pay - in - slip

Application No :

Branch: | Date:

Please credit the account of "IndiaFirst Life Insurance Co. Ltd." (Institutional code IFLIC using menu option SCHFEE)

Application no. | Policyholder's name

Bank	Branch	Cheque no.	Cheque date	Cash deposit	₹
				1000 X	
				500 X	
				100 X	
Rupees in words:				50 X	
				20 X	
				10 X	
				5 X	
Only cheques of Bank of Baroda & cheques/DDs drawn on local banks will be accepted. Cash will not be accepted above ₹49999/-.				2 X	
				1 X	
				Amount of cheque	
				Total	

For bank use only	Date of transaction	Transaction ID (System generated)	Teller's initial	Depositor's signature

ACR

Counterfoil

Bank name: | Branch: | Date:

Name of the A/c holder: IndiaFirst Life Insurance Co. Ltd. | Application no.:

Amount (in figures) : | Amount (in words) :

Payment made by: ☐ Cash ☐ Cheque/DD no | Cheque date: | Drawn on:

Date of transaction: | Transaction ID: (System generated)

Bank branch stamp | Authorized signatory

Age Declaration

I, _____ confirm that the date of birth specified in my proposal form is correct and true to my knowledge. I also confirm that accordingly my age is _____ as on my last birthday.

Life to be assured's signature

Date : _____

Place : _____

Bank's know your customer certificate

We confirm that _____ holds a Savings/ Current/ fixed deposit/ loan account no. _____ and bank customer ID _____ with our bank. We confirm that we have obtained necessary documentary evidence to establish the identity and residence as per the "Know Your Customer" (KYC) norms for banks.

Signature of authorised signatory from bank _____

Authorised signatory's name _____

Bank branch name _____

Bank seal

Confidential report (To be completed by the sales personnel after receiving the completed proposal form)

Note: If the Life to be assured is related to the advisor, this report should be countersigned by the authorized signatory

1.	Have you met the Proposers / Life to be assured?	Yes ☐	No ☐
2.	Are you related to the Life to be assured? If yes, please state your relationship?	Yes ☐	No ☐
3.	Are you satisfied with the financial standing of the Life to be assured?	Yes ☐	No ☐
4.	Does the Life to be assured appear to be in good health without any mental disorder (or) physical disability?	Yes ☐	No ☐
5.	Does the appearance of the Life to be assured correspond with the age stated in proposal form?	Yes ☐	No ☐

Licensed advisor's signature	Bank representative's signature	Company representative's signature
Name: _____	Name: _____	Name: _____
Place: _____ Date: _____	Place: _____ Date: _____	Place: _____ Date: _____
Advisor code: _____	Designation: _____	Employee code: _____