

NRI DECLARATION

To,
 IndiaFirst Life Insurance Company Limited,
 12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park,
 Nesco Center, Western Express Highway, Goregaon (East),
 Mumbai - 400063.

I, Mr./Ms/Mrs

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Residing at _____ (Address Outside India)

do hereby declare that I am applying/ being a policy holder of Life Insurance Policy issued by IndiaFirst Life Insurance Company Limited

Name of the Policy

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Policy number

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Premium Yearly Half yearly Monthly premium of Rupees

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I hereby confirm as under:

- Amount payable to IndiaFirst Life Insurance Company Limited by me is in respect of premium which is to be paid for Life Insurance Policy (Please mention the name of the policy) issued to me and I am the beneficiary thereof.
- The place of world assessment of my income is

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 (Name of the country)

I further hereby state as under:

- I qualify as a tax resident of

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 (Name of the country) in terms of Article 4 of the Double Tax Avoidance Agreement between India and

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 (Name of the country) ('DTAA') and do not qualify as a 'resident' of India under section 6 of the Indian Income tax Act, 1961. for FY. (2024-2025) (Current Financial Year)
- I further confirm that I am also eligible to be governed by the provisions of the DTAA under the Agreement from India in respect of the income derived if any under the said Life Insurance Policy
- The amount payable to IndiaFirst Life Insurance Company Limited is with respect to the premium which is to be paid on yearly/Halfyearly/monthly basis under the terms and conditions of the Life Insurance Policy (Please mention the clause of the policy for frequency of the premium if possible) issued to me
- The amount of premium is paid from NRO/NRE Account No.

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- Bank Name

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 owned by me.
- The Permanent Account Number ('PAN') allotted to us by Indian Tax Authorities is

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 / We do not have a PAN in India
- Whether deduction under section 80C/80CCC has claimed for the premium paid Y N
- Tax Residency certificate (TRC) Y N (if yes provide the copy)

In the event, notwithstanding this declaration, if IndiaFirst Life Insurance Company Limited receive any demand from Income tax (including interest etc) in India in respect of this emittance to India on account of Life Insurance Premium paid by me I will furnish with all the information to support the contention that the said remittance to India is not subject to tax in India.

In a scenario wherein the Indian Tax Authorities do not agree with the contention as stated herein above I will indemnify you for all tax, interest and penalty and direct/incidental costs resulting from such payment We trust that the above meets with your requirements.

I understand that the pay-outs against insurance policies are subject to TDS@31.20% for Future Plan and Non-Compliant* Life Plans u/s 195 of Income Tax Act based on the information provided in NRI declaration Form (Applicable for NRI)

*Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?"

Yours faithfully,

X

(Name & Signature of the Policyholder)

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X _____ Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X

Signature/Thumb impression

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.