

# LOAN APPLICATION FORM

## INSTRUCTIONS

- The policy shall be assigned to India First Life Insurance Company Ltd as security towards due repayment of the loan, together with interest.
- Loan will be provided only if the last due premium is paid or no premium is outstanding.
- We will apply interest in accordance with the policy document, and the interest rate may be subject to periodic revisions at our discretion.
- The loan amount shall be restricted to the term of the policy with an option to the policyholder to repay the loan amount together with interest, costs, claims and expenses before the policy attains maturity.
- In case Surrender value at any time is less than loan outstanding plus accrued interest, then plan terminates.
- · Claim proceeds will be paid after deduction of outstanding loan amount including interest, if any till date of claim intimation.
- In the event of an application for a O2nd loan under the Policy the outstanding loan and interest, if any, on the existing loan shall be deducted out of the total available and balance only will be paid to the policyholder.
- Only the Policyholder is entitled to apply for loan under the policy. The loan shall be governed as per terms and conditions of the policy contract.
- Policy shall be Active/Inforce to avail the loan
- Original Policy document is mandatory
- Attached Bank account proof (Copy of Bank statement/Cancelled cheque/Passbook
- · Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed

#### POLICYHOLDER DETAILS

Policy No:		Date: D D M M Y Y Y
Policy Holder Na	ame: Mr Miss Mr Mx F I R S T M I D D	L E I I I I L A S T I I I I
Mobile No:	Resident No:	Office No:
Email Id :		

Contact details mentioned above will be updated in our records for further communication

## Dear Sir/Madam,

I.

\_\_\_\_\_\_, policyholder of the above mentioned policy, hereby agree to the terms and conditions

mentioned in the form and wish to apply for a loan against this policy.

#### LOAN DETAILS

Request you to grant loan amount as mentioned below:

₹\_\_\_\_

Maximum eligible amount as per plan feature

Max eligible amount is upto 90% of the surrender value

## NOTICE OF ASSIGNMENT

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I/We, \_\_\_\_\_\_\_(Policyholder's name) hereby assign the above Policy to IndiaFirst Life Insurance Company Ltd. whose corporate office address is 12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400063 in lieu of the Loan amount received from IndiaFirst Life.

### **DEED OF ASSIGNMENT**

I, the owner of the above mentioned policy issued by IndiaFirst Life, hereby assign this policy subject to the terms and conditions mentioned herein and thereby transfer the rights and benefits of the said policy in favour of IndiaFirst Life.

X Signature/Thumb Impression of	f Policyholder	Place	D D M M Y Y Y T Date
BANK ACCOUNT DETAILS			
Name of Account Holder:   Account Number :   Bank Name :			IFSC Code:
DECLARATION BY POLICYHOLD	ER		
I, the policy holder/Assignor do he	ereby declare that I have read a	and understood the Terms and Conditions m	entioned herein and agree to abide by the same.

OR

(Amount in word))

I, the policy holder/Assignor do hereby declare that I have read and understood the Terms and Conditions mentioned herein and agree to abide by the same. I also hereby take the sole responsibility for any transaction effected by IndiaFirstLife in case of any incorrect bank account details mentioned by me in this form.

IndiaFirst Life Insurance Company Ltd., 12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400063, IRDAI Regd. No. 143 I CIN: U66010MH2008PLC183679.	Tel:       +91 22 6165 8700       Fax:       +91 22 6857 0600       Toll Free:       1800-209-8700
	E-mail: customer.first@indiafirstlife.com Website: www.indiafirstlife.com



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?

X				D D M M Y Y Y			
Signature/Thumb Impression of Policyhold	er	Place		Date			
VERNACULAR DECLARATION (to be fil	led if the policyhol	der is illiterate/signed in a	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 ar understanding the contents thereof.	nd correct to the best	of my knowledge and belief. T	he policyholder has signed /	affixed the thumb impression after fully			
Name of the Declarant :		Signature: X	Relation	Relation with the Policyholder			
Address of the Declarant :		Contact No.:					
I hereby certify that the contents of the form have as per the information provided by me.         X							
For Official Purpose :							
LX Name & Signature of Branch Official with stamp		Place	D D M M Y	Date Request Time			

Tel: +91 22 6165 8700 Fax: +91 22 6857 0600 Toll Free: 1800-209-8700

E-mail: customer.first@indiafirstlife.com Website: www.indiafirstlife.com