

## **Non NRI Declaration**

To, IndiaFirst Life Insuranc 12th and 13th Floor, No Tower 4, Nesco IT Park Western Express High Goregaon (East), Mum	rth [C] Wing, k, Nesco Cente way,	er,	,																							
I, Mr./Ms/Mrs	R S T		1	M I	D D	LE					. A	S	Т													
Residing at																			(Nan	me of	the co	intru)				
is a resident within the in India. I do hereby de																		oth	ear	ned	in In	dia a	nd fo	reign	ista	ıxable
Name of the Policy																				. ,						
Policy number																										
Premium	Annual 🗌	На	alf yea	rly	(	Quarte	rly _	]		Mon	thly				Ru	pees										
I hereby confirm as un	der:																									
<ul> <li>Amount payable t</li> </ul>	o IndiaFirst Li	fe Insu	ırance	Comp	any Li	mited	by me	e is ir	ı res	pect o	of pr	emiı	ım wl	hich	isto	be p	aid	l for l	Life	e Ins	uran	ce Po	licy (	Pleas	e me	ention
the name of the p	olicy) issued t	to me	and I a	m the	bene	ficiary	there	of.																		
The place of worl	d assessment	of my	incom	ne is [									(Nam	e of t	he cou	ntry)										
<ul> <li>The Permanent A</li> </ul>	ccount Numb	er ('PA	AN') al	lotted	to us	by Ind	lian ta	x au	thor	ities i	s									/ W	/e do	not	have	a PAI	l in I	ndia
• Whether deduction	on under secti	ion 80	C/80	CCC h	as cla	imed f	or the	pre	miur	n pai	d	Υ			N											
In the event, noto etc) in India in re- contention that th	spect of this e	mittar	nce to	India	on acc	count o	of Life	Inst	uran																	
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 y	our re	quiren	nents.																					
I understand that September 2019) valid PAN, tax will Indian Resident)	for Non-Com	pliant	life pla	ns, TE	OS @ 5	% will	be de	duct	ted a	ıt sou	rce o	on th	e inco	ome	com	pone	ent	whe	ere F	PAN	is fu	rnish	ied. li	the a	abser	nce of
"Note: In order to abide these questions is a 'ye other country other tha	s': (i) Are you	a citize	en of ar	ny othe	er cou	ntry ap	oart fr	om İ	ndia	(dua	or r	nulti	ple ci	tize	nshi											
Yours faithfully,																										
(Name & Signature of the F X																										
Vernacular De	claration	(to	be fi	lled	if th	ie po	licy	ho	lde	r is	illi	ter	ate,	/si	gne	ed i	n a	a V	'er	na	cul	ar I	ang	uag	e)	: /
I do hereby state that I I declare that whateve impression after fully u	r I have stated nderstanding	hereii the co	n abov ntents	e is tru there	ue and of.	d corre	ct to t	he b	est o	of my	kno	wled	lge ar	nd b	elief	. The	ро	licyh	holo	der l	nas s	igne	d /aff	ixed	he th	numb
Name of the Declarant	t:							Sig	natu	re: <u>X</u>						Re	lati	on w	vith	the	Poli	cyho	lder <sub>-</sub>			
Address of the Declara	ant :	ul C	1	1.	!	.1	1-1	1.				£. 11				ul.	_ C	onta	act I	No.:						
I hereby certify that th recorded in the form a							laine	d to i	me a	ınd I l	nave	tully	/ und	erst	ood	them	1. I f	turth	ner	cert	ity th	nat th	ne an	swers	•	
X Signature/Thumb imp Note: The Declarant ident		asily es	tabl <mark>ish</mark> e	ed and	he/she	should	l not b	e con	nect	ed to i	nsur	er in	any ca	ірас	ity.											

Note: Non-Compliant\* All policies where Death Benefit is less than 5 times of the annualized premium paid if the policy is issued before 31st Mar 2012. For policies issued after 31st Mar 2012, Death Benefit less than 10 times of the annualized premium.