



PROMOTED BY



Application No:

Branch Code:

Plan Name _____

PHOTO

Name of Proposer / Life Assured :

Mr Miss Mrs Mx _____

CUSTOMER DECLARATION FORM & COVID QUESTIONNAIRE

This form is applicable for applicants signing in English. However, applicants affixing thumb impression or signing in vernacular language has to ensure that relevant confirmation from the declarant has to be provided (attached vernacular declaration). In such cases it would be presumed that the declarant would have explained contents of the form and this declaration to the applicant before submission.

To, IndiaFirst Life Insurance company Ltd.

Subject: Submission of Application

DECLARATION BY PROPOSER / LIFE TO BE ASSURED

I / we have understood the questions in the proposal form and I / we have answered them truthfully, completely and correctly. I / we further declare that I / we have not withheld any material fact or information which may affect the decision of IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") in underwriting the risk, and the information provided by me / us in the proposal form, the supplementary documents including but not limited to Benefit Illustration and information provided to the medical examiner in case of being medically examined will form the basis of the contract between me/us and the Company and in case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act, 1938 as amended from time to time. I / we hereby authorize and direct any doctor, hospital, or employer (past and present) to disclose to the Company any information relating to my present state of health, past health history and nature of work performed by me / us. I / we undertake to undergo all medicals as may be required by the Company to assess the risk and grant the insurance. I / we further agree that if after the date of submission of the proposal but before the issuance of policy (i) there is an adverse change in my / us occupation, financial condition, health condition which will affect the decision of the Company in underwriting risk or (ii) if a proposal for assurance or an application for revival of the policy on my / our life or the life to be assured made to any insurer is withdrawn or dropped, deferred, declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I / we shall forthwith intimate the same to the Company in writing. Failure to do this on my / our part may render this assurance invalid and the policy will be dealt in accordance with section 45 of the Insurance Act, 1938 as amended from time to time. I / we understand that the cover applied for under this application will commence after approval of my application and receipt of the required premium by the Company. I / we, hereby declare that the premium have not been generated from proceeds of any criminal activities / offences listed in the Prevention of Money Laundering Act 2002 or under any other applicable law. I understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the premium deposit after deducting the expenses incurred on the medical test/examination, if any. I/we hereby declare that the Date of Birth, Health related questions and Financial status of Life to be Assured mentioned in proposal form is correct and true to my knowledge. In case the information disclosed found to be incorrect or misrepresented claim will be treated in accordance with the Sec 45 of Insurance Act 1938 as amended from time to time. I am an existing customer of Bank and hereby give my consent to _____ (name of Bank) to share my details, including but not limited to my KYC, for the purpose of my insurance proposal.

Suitability information declaration (if applicable): I hereby confirm that I have provided the necessary details required under suitability assessment and basis my confirmation the above product has been proposed to me.

AML-eKYC declaration: I hereby give my unconditional consent to the Company to carry out due diligence in respect of information as provided by me in the proposal form and also to share the data with government agencies/ statutory authorities/ entities as authorized by the regulator - IRDAI/ Life counsel for necessary verification purposes.

FATCA declaration: I / We confirm that FATCA details provided by me / us in the proposal form are correct and to the best of my knowledge. I / We also confirm that I / We will report any change in my/our tax status in future to IndiaFirst Life Insurance within 30 days of such change.. I hereby give my consent to IndiaFirst Life Insurance to share with any regulatory body my information such as contact details, tax identification number / social security number, account balances / activities or any transactions undertaken with IndiaFirst Life Insurance. IndiaFirst Life Insurance may deduct from the moneys payable to me such amount as may be required to comply with any instruction issued by a Government/ Statutory/ Regulatory authority., I also authorise IndiaFirst Life Insurance to terminate the Policy in the event that appropriate documentation of Insured / Policyholder as may be required by IndiaFirst Life Insurance for the compliance as aforesaid is not timely provided to IndiaFirst Life Insurance.

Form 60 declaration: I / We, hereby declare that what is stated in Form 60 is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. NRI declaration I / We, hereby declare that the contents of the NRI questionnaire declared by me are true to the best of my knowledge.

Direct Debit declaration: I hereby give my consent to debit my bank account towards the initial premium deposit for my insurance proposal.

Life to be assured's Signature or Thumb Impression

Proposer' Signature or Thumb Impression

Name of Life Assured: _____

Name of Proposer: _____

Place: _____ Date: _____

Place: _____ Date: _____

DECLARATION IN VERNACULAR OR FOR UNEDUCATED PERSON / ILLITERATE PERSON

Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form) - I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant : Mr Miss Mrs _____

Place: _____ Date: _____

Declarant's Signature in English

Declarant Address : _____

Name of the Witness : Mr Miss Mrs _____

Place: _____ Date: _____

Witness Signature in English

Witness Relationship with proposer _____

Witness Address : _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Life to be assured's Signature or Thumb Impression

Proposer' Signature or Thumb Impression

COVID -19 QUESTIONNAIRE

Name of Life Assured		Application No:	
S.No	Question	Yes	No
1	Are you, or have you been (If yes to any of below please provide details) a) in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? b) quarantined due to a possible exposure to novel coronavirus (SARSCoV2/COVID-19)? c) tested positive for the novel coronavirus or await the result of such test? d) advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus?		
2	Have you experienced any of the following symptoms within the last 14 days? ▪ Any fever //Cough//Shortness of breath //Malaise (flu-like tiredness) ▪ Rhinorrhea (mucus discharge from the nose) //Sore throat ▪ Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea		
3	Please provide your travel patterns over the past 14 days/ next 30 days (provide details if Yes)		
4	Are you currently in good Health?		
5	Does your occupation fall within any of the below mentioned? (If yes please provide details) ▪ Doctor/ medical professional ▪ Nursing personnel ▪ Pharmacist ▪ Transport work force personnel ▪ Police/Military staff ▪ Pilots/ Cabin Crew personnel Any other occupation which has higher exposure to a large population. If yes, please specify _____		
6	Do you have any history of conviction under any criminal proceedings, in India or abroad?		
7	Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, (e.g. chemical factory, mines, explosives, corrosive chemicals, etc.?)		
8	Has your weight altered (Gain/Loss) by more than 5 kg in the last 1 year? If yes details required		
9	Have you ever or are you currently suffering from any other illness, impairment or disability or any surgery not mentioned in the application form?		
<p>I hereby confirm that the answers to the questions provided by me/us are to the best of our knowledge and true. I have not withheld any material fact or information which may affect the assessment or acceptance of this proposal by IndiaFirst Life Insurance Company Ltd. I understand and accept that I will receive all communication including the soft copy of the policy document via email / WhatsApp or in link via SMS from IndiaFirst Life Insurance Company Limited.</p>			
Signature		Date:	
Name of Life to be Assured		Place:	