



Know Your Customer - Addendum (To be filled by the Payor)

Instructions:

1. Details required to be provided are of the Payor paying the premium on behalf of the Policy holder.
2. All points are mandatory.
3. Any cancellation or overwriting needs to be countersigned by the said person.

Application No: _____ **Plan:** _____

1. Details

Name: _____

Payer Category: Individual* Company Partnership HUF Trust
 Others (Please specify) _____

Director's/ Partner/ Trustee/ Karta/ Father's/ Spouse's Name: _____

(Attach separate copy in case of multiple names)

* Acceptable relations who can be payors are parents, children, siblings and grand parents.



2. Communication/Registered Address of the payor: _____

City: _____ State: _____ Pin Code: _____

Tel No: _____ - _____ Fax No: _____ - _____ Email: _____

3. Payment Details: Cheque Fund Transfer ECS/SI Direct Debit

Cheque no.: _____ Cheque date: _____ Amount: ₹ _____

This is to certify that I am paying this premium on behalf of <Salutation>. <PH First Name> <PH Last Name> related to me as my <mention relation> due to reason-

4. Proof of Identity

Document submitted for Identity Proof:			
Name of Issuing Authority:			
Serial No.:		Date of Issue of Document:	

5. Proof of Residence/ Registered Address

Document submitted for Residence Proof:	
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If the residential proof provided is other than that of Self, Spouse or Father, then please state the

- A. Name of the owner of the residence: _____
- B. Relationship of the Payor with the owner of the residence: _____

6. Permanent Account Number (PAN) details (Please tick mark)

(NOTE: If the annual premium is equal to or more than ₹ 50,000, please fill the details under this point.)

(If Yes, please provide PAN details) <input type="checkbox"/> Yes PAN: _____	(If No, please tick relevant option) <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied For <input type="checkbox"/> Form 60/61 <input type="checkbox"/> NRI declaration
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7. Current gross total income from all sources is ₹ _____ per annum.

8. Source of funds (please state % under each head – totaling upto 100%):

(NOTE: If the annual premium is equal to or more than Rs.1 lac, please enclose proof of income. E.g. Income Tax Return, etc.)

Salaries	Business	House Property	Capital Gains	Investments	Agriculture	Others	Total
%	%	%	%	%	%	%	100%

9. NPO Declaration: Is payer is a Non Profit Organisation: Yes No

(NPO stands for Non Profit Organisation. It can be in different form, depending upon the jurisdiction and legal system. In India, NPOs can be registered as 1) Trust 2) Society 3) Section 25 companies under Company Act 1956)

DECLARATIONS

I hereby declare that,

1. The first premium has been paid out of legally declared and assessed sources of income and the subsequent premiums, if any, will continue to be paid out of legally declared and assessed sources of income. 2. I will provide information as and when required by the company, acting on its own or under any order or instruction received from Statutory Authorities, as regards sources of funds or utilizations or withdrawals. 3. I agree to the Company providing any information related to me as available to the Company at any time, to any Statutory Authority in relation to the laws governing prevention of money laundering, applicable in the country. 4. I understand that the Company classifies its customers under various categories of risk for the purposes of complying with the laws governing prevention of money laundering and I confirm that I do not have any objections for the same. 5. I understand that the Company has the right to peruse my financial profile and also agree that the Company has right to cancel the Insurance contract in case I have been found guilty of any of the provisions of any Law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law. 6. I am aware that the benefits under this policy are payable in accordance with the policy terms and conditions.

Signature of Payor/ Authorised Signatory: _____ Date: DD/MM/YYYY

Payer Seal, if applicable

Know Your Customer – Addendum (to be filled by the Proposer)

I, <Salutation>. <PH First Name> <PH Last Name> do hereby confirm that <Salutation>. <Payor First Name> <Payor Last Name> is paying on my behalf for the above mentioned application.

Name of the Proposer: <Salutation>. <PH First Name> <PH Last Name>

Signature: _____ Date: DD/MM/YYYY Place: _____

Declaration to be made by third party where:

The policy holder has affixed his/her thumb impression/ has signed in vernacular/ has not filled the application

I hereby declare that I have explained the contents of this application form to the Policy Holder in _____ language and have truthfully recorded the answers provided to me. I further declare that the policy holder has signed/ affixed his/ her thumb impression in my presence.

Name: _____ Date: _____ Place: _____

Signature:

Address: _____