

This document has to be completed and submitted along with all application forms.

To be filled by the **Advisor / Specified Person / Broker / Employee** for the Life Assured / Proposer (if applicable) after meeting the customer in person

Policy number:

Name of the Life Assured: _____

Name of the Proposer: _____

I hereby state that I have made reasonable enquiries about the Life Assured / Proposer and I confirm the following with respect to underwriting risk assessment for the Life Assured / Proposer:

Question	Life Assured		Proposer	
I am aware of / have observed some adverse habits / health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware of / have observed some income / occupation inconsistency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Life Assured / Proposer been convicted or has proceedings pending against him / her for any criminal offence in a court of law in India or abroad.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Life Assured / Proposer a Politically Exposed Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If answer to any of the above question is yes, please provide separate Customer Profile Report for risk assessment.

Declaration:

I hereby declare that the forgoing statements are true to the best of my knowledge and detailed enquiries done by me. I also declare that I have not withheld any other information, which might influence the acceptance of the Proposal. I recommend this proposal for insurance. I confirm having verified the identity and the address of the Life Assured / Proposer and the proof submitted for the same in original. I have not given any statement to the Life Assured / Proposer contrary to Agent's Code of Conduct.

Signature: _____

Date:

Place: _____

Agent/Specified Person/Employee Name: _____

Agent/Specified Person/Employee Code:

Agents/Employee Mobile Number:

Agents/Employee Home Telephone Number: