



ATS000101

Version 2.2

1. I hereby declare, ratify and confirm that I have submitted the proposal form which was filled in with the help of electronic device in face to face interaction with the sales person for a policy of Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd ("Company") and the product has been selected after undergoing customized need analysis as per Financial Need Assessment Form. I confirm having duly understood the features, terms and the importance of medical declaration pertaining to the product selected. I hereby confirm that the details filled in the proposal form are true, accurate and complete. I further confirm that I am bound by the declarations, undertakings and statements in the proposal form. By signing this document I confirm that I have duly submitted the scanned image of all necessary KYC documents / Tax related information including income proof, address proof and the photograph for the assessment of proposal. In case of any discrepancy between my signatures submitted elsewhere and on this form, I request the Company to consider the signatures on this form.

Product Name, Policy Term, Sum Assured, Installment Premium

Proposal No, Proposer Name

Signature/Thumb Impression of Proposer, Signature of Life to be Assured

2. Vernacular/Illiterate Declaration: (To be filled only if applicable)

2A. I hereby declare that I have read out and fully explained the contents of the proposal form and all documents to the prospect in the language understood by him/her and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer and that the Proposer has affixed the signature below/thumb impression after fully understanding the contents thereof.

Name of Declarant, Father's Name of Declarant, Address

Date, Place, Signature of Declarant

2B. I hereby declare that I have understood the terms and conditions of the proposal form as explained by bank's representative/declarant.

Signature/Thumb Impression of Proposer, Signature of Life to be Assured

To be given by the Specified Person / Direct Sales Person / Agent

I do hereby certify and ratify to the Company that all KYC documents / Tax related information are personally seen and verified by me in original and I have taken the scanned images of the documents and uploaded the same. I confirm that my signature below be considered by the Company as my signature on all documents submitted including the benefit illustration. I confirm having explained the complete details of the product selected by the customer / Proposer after undergoing customized Financial Need Assessment as declared above and there is no compulsion/forced selling in soliciting the Proposal.

Name, Code

Date, Place, Signature of the Specified Person / Direct Sales Person / Agent

To be given by employee of the Company (Not applicable when policy is sourced by Direct Sales Person / Agent)

I have seen the original KYC documents / Tax related information and verified the same on behalf of the Company.

Name

Date, Place, Signature of the employee of the Company

NACH / STANDING INSTRUCTION FORM



SIM000101

UMRN, Date, Sponsor Bank Code, Utility Code, Tick, CREATE, MODIFY, CANCEL, I/We hereby authorize, Bank a/c number, with Bank, Name of customers bank, IFSC, or MICR, an amount of Rupees, Amount in words, FREQUENCY, Mthly, Qtly, H-Yrly, Yrly, As & when presented, DEBIT TYPE, Fixed Amount, Maximum Amount, Reference 1, Proposal Number, Phone No., Reference 2, Email ID, I agree for the debit of mandate processing charges by the bank with whom I am authorizing to debit my account as per latest schedule of charges of the bank. PERIOD, From, To, Or, Until Cancelled, Signature Primary Account holder, Signature of Account holder, Signature of Account holder, 1. Name as in bank records, 2. Name as in bank records, 3. Name as in bank records

Preferred Draw Date: 05th, 10th, 15th, 20th, 25th (Not applicable for monthly mode)

Certification by Bank

We hereby certify that the account number mentioned above is currently operational and the account details mentioned are correct as per our records. We also hereby attest that the signature of the account holder affixed on the SI mandate above.

Date, Place, Signature of the Authorized Bank Official with Bank Stamp & PA/Emp. Code

Important Note: a) Kindly fill the form in CAPITAL LETTERS and tick appropriate box as applicable. b) In case the account is being held in capacity as a Sole Proprietor, (Company A/c) then the appropriate stamp is also required on the Mandate form along with the signatures of the account holder.

SALES CONFIDENTIAL REPORT



Name	Designation	Code No.	Branch	Channel

- Is the Proposer/Life to be Assured/ Premium Payor, Politically Exposed Person? Yes No
If yes, provide details _____
- Do you notice any adverse health conditions (physical/mental) or personal habits? Yes No
If yes, provide details _____
- Do you wish to provide any further information regarding the Proposer and/or Life to be Assured? Yes No
If yes, provide details _____

Declaration by Sales Person

- I have personally met the Life to be Assured. I am satisfied with the identity of the Proposer and/or Life to be Assured (where different) or Premium Payor (where different) and verified the completeness of the documents submitted including age proof, income proof, address proof, AML requirements and any other requirements as applicable.
- I confirm that all the key product features and benefits have been explained to the Proposer and have been understood by him/her.
- I confirm that I have clearly explained to the Proposer, the importance of paying all due premiums on time and the impact of opting for early surrender.
- I confirm that the statements in this sales confidential report are true and correct to the best of my knowledge and belief and I confirm that the code of conduct, relevant process and regulations have been complied with.

Signature of Sales Person

Date

D	D	M	M	Y	Y	Y	Y
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Bank Representative's / Sales Person's Supervisor Confidential Report (To be completed by the reporting manager of the person making the sales confidential report if either the Proposer or Life to be Assured are related to Sales Person.)

Based on my independent enquiries, I am satisfied with the identity of the party and I hereby confirm that the statements in the sales confidential report are true and correct to the best of my knowledge and belief.

Signature

Name _____ Designation _____ Emp ID _____ Branch _____

The facility of National Automated Clearing House ("Facility" or "NACH") is being provided by Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited("Company") to you subject to the following terms and conditions:

- You hereby authorize the Company to periodically debit your account for making payments to the Company towards premiums through NACH as per above details. Facility verification charges (if any) may be charged to your account.
- In case of any change in premium as per the policy contract, Company can debit such changed premium without requiring fresh authorization from you including change in Service Tax & proposed Goods and Services Tax (GST).
- You agree to maintain sufficient credit balance at all times and in specific 7 days before or after the premium due dates so that the mandate is honored in the first instance. Your bank reserves the right to levy return/dishonor charges at applicable rates from You. In case Facility instruction gets dishonored on the opted draw date due to any reason, the Facility instruction will be presented once again for clearance after 14 days from the date of dishonor.
- You indemnify and hold Company harmless against any and all liabilities, cost and expenses that may be incurred by the Company due to any acts of omission or commission or negligence on your part.
- The Facility is available in select banks only and may be withdrawn by the Company at any time after informing you. You can use any permissible alternate mode for premium payment by way of a written notice to the Company and the Bank of not less than 15 days and thereby revoke this Facility free of charge.
- In case of a decline of a transaction, you can pay premiums through permissible alternate modes. In such a case, the policy will not be removed from the standing instruction mode and subsequent premiums will continue to be debited as per the mandate instructions. However, the Company may remove the policy from standing instruction mode in case of 3 consecutive declined transactions.
- The Company is not responsible for non-execution or delay in execution of Facility instructions for any other reason beyond the Company's control.
- Company may modify the terms and conditions by giving you prior intimation. You agree that if you are dissatisfied with the Facility (or any portion of it) or with any of the terms or alterations, your only remedy is to discontinue the use of the Facility.
- You confirm and declare that the above particulars are correct and complete to the best of your knowledge and by exercising the Facility, You acknowledge having read, understood and agreed to the above terms and conditions.
- For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.
- Higher amount of 15% is to be written to accommodate any increase in premium due to changes in Service tax and/or other applicable taxes/cess, and schedule increase as per product specification and change in premium payment mode.



Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regd. No 136)
Regd Office: Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001, India
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Corporate Identity No.: U66010DL2007PLC248825

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