

## Foreign Residency Supplementary Statement

**INSTRUCTIONS FOR FILLING UP THE FORM -**

1. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in blue ink.
2. Please tick a box thus  where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. The proposer must sign any cancellation or alteration.

(This statement should be completed by the person to be assured.)

Application Number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; vertical-align: middle;"></table>	Date: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; vertical-align: middle;"></table>
Proposal Number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; vertical-align: middle;"></table>	
Life Assured's Name: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; vertical-align: middle;"></table>	
Proposer: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; vertical-align: middle;"></table>	

Please answer each question and where appropriate provide particulars.

1. Your Nationality :- \_\_\_\_\_
  2. a) Your country of permanent Residence :- \_\_\_\_\_
  - b) Date from which you became a Permanent resident of country Mentioned in (a) above. :- \_\_\_\_\_
  3. a) Date of leaving India for First time :- \_\_\_\_\_
  - b) Date of arrival in India for current visit :- \_\_\_\_\_
  - c) Scheduled date of leaving India after current visit :- \_\_\_\_\_
  - d) Scheduled duration of stay in India :- \_\_\_\_\_
  - e) Date of Leaving India / Date you left India ( Current Visit ) :- \_\_\_\_\_
  - f) Pl. mention complete address for stay in India : \_\_\_\_\_
  - g) Details of exchange facility availed of :- \_\_\_\_\_
  - h) Full particulars of RBI Permit number :- \_\_\_\_\_
  - i) Visa Status; if any :- \_\_\_\_\_
  - j) Name of the office of the Reserve Bank, which granted above facilities. :- \_\_\_\_\_
  4. Your full address in the country of your residence :- \_\_\_\_\_
- Telephone Number :- \_\_\_\_\_
- Email id ( Mandatory ) :- \_\_\_\_\_
- a) Duration of your stay abroad :- \_\_\_\_\_
  - b) Purpose of your stay abroad. :- \_\_\_\_\_

c) Do you travel to remote rural areas of the Country ? If so, please provide travel mode And purpose :- \_\_\_\_\_

d) Are adequate Medical facilities available Nearby ? Mention distance from nearest Multispeciality hospital and name, address Of the Hospital :- \_\_\_\_\_

5. a) Please specify your occupation and details of Work, exact nature of duties abroad ? :- \_\_\_\_\_

( For e.g., Sedentary, Commerical, Manual Labour only, Partly manual labour, Managerial, Supervisory, Operating Machines, Research, NGO, Driving motor vehicle, Travel using own vehicle, public transport, schedule flight, chartered flight, On Oil Rig, Offshore or Onshore, Other, pls specify) ( Multiple options can be selected)

b) Name and address of the employer( If employed):- \_\_\_\_\_

c) Current designation in the company :- \_\_\_\_\_

d) Your monthly income from Employment in the foreign Country (including Scholarship, Assistantship, Etc. for those who are Students or trainees).Please enclose true copies of the appointment letter received from Government or our Educational Institution) (Specify the currency) :- \_\_\_\_\_

e) Do you file Tax returns abroad ? If yes, for how many years :- \_\_\_\_\_

6. How will you describe political situation in the Country ? Stable, Civil Commotion, Tribal Warfare, Civil War, War :- \_\_\_\_\_

7. a) Passport Number :- \_\_\_\_\_

b) Date of Issue :- \_\_\_\_\_

c) Place of issue :- \_\_\_\_\_

d) Date of Birth :- \_\_\_\_\_

e) Place of Birth :- \_\_\_\_\_

8. Whether you hold any Bank Account in India and if so, Whether it is a :

NRE FCNR NRO Other \_\_\_\_\_ (please specify)

Bank Account Number :- \_\_\_\_\_ Bank Name :- \_\_\_\_\_ Bank Branch :- \_\_\_\_\_

9. Have you filed your Tax Returns in India for the Past 3 Years :- \_\_\_\_\_

10 a) The source from which the premiums will be paid :- Salary / Saving / Sale of Assets / Business / Income from Property/Any other

b) If you are a student state the nature and full details of your Education :- \_\_\_\_\_

11. Please tick (☑) below by which of the following manner you propose to remit the premiums to Bajaj Allianz Life Insurance Co. Ltd.

By cheque drawn on

- Non Resident External Account
- Foreign Currency Non-Resident Account

- Non Resident Ordinary Account
- Account maintained by insured's Parent or spouse in India

By Cash in Indian Currency

By Demand Draft issued from NRO/NRE account with bank confirmation.

By Direct Remittance through SWIFT please specify the banking channel

- Deutsche Bank
- HDFC Bank
- CITI Bank
- Standard Chartered Bank

By payment portal at [www.bajajallianz.co.in](http://www.bajajallianz.co.in)

- Credit card (Master/Visa/Dinner/Maestro Card)
- Debit Card (Master/Visa)
- Net Banking

By Credit card standing instruction (CCSI) Mandate form

By Auto Debit instruction

By any other mode(Please specify)

#### Declaration by NRI

I, the Declarant named herein below, has made a proposal for life insurance with Bajaj Allianz Life Insurance Company Limited for issuance of a policy of life insurance denominated in Indian Rupee, being a Non Resident Indian and generally residing outside India, understand that all premiums payable under this policy and all benefits under the policy payable by Bajaj Allianz Life Insurance Company shall be in Indian currency. I further understand that the convertibility into foreign currency of benefits paid by Bajaj Allianz Life Insurance Company Limited in Indian currency shall be in accordance with the terms of Foreign Exchange Management Act, 1999 ("FEMA") and other applicable laws of India. Bajaj Allianz Life Insurance Company shall not be responsible for any issues arising out of convertibility into foreign currency of benefits under the Policy in accordance with the terms of FEMA and other applicable laws of India. The Benefits under the policy will be paid by Bajaj Allianz Life Insurance Company Limited in Indian currency and in India.

Name of the Declarant :

Signature:

Date:

Place :

Signature of the Witness

Name of witness

:- \_\_\_\_\_

Address

:- \_\_\_\_\_

\_\_\_\_\_

Telephone

:- \_\_\_\_\_

Email

:- \_\_\_\_\_

Date :-

Place :-