

Shriram Life Insurance Company Limited

Head Office, Ramky Selenium, Plot No. 31 & 32, 5th & 6th Floor,
Beside Andhra Bank Training Centre, Financial District, Gachibowli, HYDERABAD-500032.
CIN: U66010TG2005PLC045616



CUSTOMER MANDATE CUM DECLARATION FORM FOR NEW BUSINESS AND NACH

Proposal No: _____ (to be filled in by Office) Place: _____

Product Name: _____ Date: ___/___/___

To,
Shriram Life Insurance Company Limited.

Proposer Name: _____

Life Assured Name: _____

Proposer Mobile No: _____ Email: _____

I have proposed for a policy of life insurance from Shriram Life Insurance Company Limited (Company) and have accordingly made a proposal for insurance. Soft copy of the proposal form is filled as per my instructions and requirements and read out to me by the Agent / Employee (Name): _____ and the supporting documents provided by me have been obtained by the said Insurance Agent. This proposal needs to be considered as my mandate to the agent and the company.

List of documents (proofs) submitted as requirements to issue the Policy are as follows:

Photo Identity	Age	Address	Bank A/c	NACH	Other Documents (Please specify the type of documents submitted)

Please mark (☑) on the documents submitted.

I hereby declare that I have disclosed all the existing life Insurance policies issued to me by Shriram Life Insurance Company Ltd and all other Life Insurance Companies. I also declare that I have also disclosed all the proposals currently submitted by me to all the life Insurers. I agree that Shriram Life Insurance co Ltd reserves the right to take appropriate action and initiate proceedings in case of any non-disclosure or misstatements on my part.

I/ We understand and agree that by submitting this declaration through the mobile application, I/ We will be bound by such statements/disclosures of material facts in The same manner and to the same extent, as if I/We have signed and submitted a written proposal for insurance to the Company.

I/We fully understand the nature of all the questions including health related questions and the importance of disclosing all material information while answering such questions in this application & the suitability analysis disclosures to the Company. I/We declare that answers given by me/ us to all the questions in the above mobile application including the information given to Shriram Life Insurance Company Limited as to the state of health & habits of the life/lives to be assured are true and complete in every respect.

I/ We undertake to notify Shriram Life Insurance Company Limited (“the Company”) of any change in the information with respect to the life to be assured subsequent to the submitting of this application and before the acceptance of the risk by the Company.

I/We understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the policy contract shall be treated in accordance with Sec 45 of Insurance Act 1938 as amended from time to time.

The Company reserves the right to accept, reject, decline or offer alternate terms on this application for life insurance. In case proposal has been cancelled the proposal deposit amount paid by me shall be refunded to me by reverse payment, in the same account from where payment was made by me.

Proposer Signature: _____

Life Assured Signature: _____

VERNACULAR DECLARATION

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/life assured.”

Name of the Declarant: _____ Address of the Declarant: _____

“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 proposal form.

Signature or thumb impression of the person whose life is proposed to be assured:

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: _____ Signature of Declarant (in English): _____

Address of the Declarant: _____