CD000101

EXIDE Life Insurance

CUSTOMER DECLARATION FORM

Applicable for applicants signing in English. Applicants signing in vernacular language or affixing thumb impression shall ensure relevant confirmation is obtained from the witness by signing the 'vernacular declaration'. In the above mentioned cases, it shall be presumed that the contents of the form and this declaration are explained by the witness to the applicant before submission.

Note: Please complete the form in CAPITAL LETTERS. **All fields are mandatory**

PROPOSAL SUMMARY

PROPOSAL FORM NUMBER **PLEASE DO NOT FILL THIS DECLARATION IF PROPOSAL FORM NUMBER IS BLANK/EDITED**

To ,
Exide Life Insurance Company Limited
Subject: Electronic Application Submission

I/We (Life Assured and/or the Proposer) request you to process the proposal for (product name) submitted by me/ us online to Exide Life Insurance. I/We confirm that I/ we have read and understood the product features, benefits and other relevant information.
I/We agree that post my/ our meeting with bearing license/certificate number
I/We have submitted this application to purchase this product of my/our own accord.
I/We hereby confirm that Mr./Ms. has duly filled the details in the application form basis the information provided by me/us in my/our presence.

COMBO PLANS

SALE OF COMBO PLANS (if applicable)
I have opted for the Combo Plans comprising of products like and as it would assist me in planning my finances. The authorized person has explained the product features and options to me. I also understand that these are different products and can also be availed separately. Having chosen to avail these products, I have made the payment of ₹ towards the first premium deposit for the above products. Further, I understand and agree that in case application(s) for any of the products is/are rejected, all the applications within this combination would be rejected. Any sum towards premium shall be refunded with deductions of appropriate charges.

VERNACULAR DECLARATION

DECLARATION FOR THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE / PROPOSAL FOR BEING FILLED BY PERSON OTHER THAN PROPOSER / LIFE TO BE ASSURED (if applicable)
(This declaration must be signed by a person other than the employee / advisor of Exide Life Insurance Company Limited. The Witness should be related to the Policyholder)
I, (full name of the witness) here by declare that I have explained the contents of the proposal form to the Life to be Assured/ Proposer in language and that I have read out the answers to the above mentioned questions explained by me to the Life Assured/ Proposer and that the Life to be Assured/ Proposer has put his/ her thumb impression and/or signed in a vernacular language after fully understanding the contents there of.
I declare that whatever I have stated herein above is true and correct to the best of my knowledge & belief.

Name of the Witness: Relationship with Proposer:
Mobile: Landline:
Address:
Details of KYC document(s) of Witness:

DECLARATION

I/We acknowledge that the information stated in this application form is true and correct and have duly verified the same. Further, I/we am/are submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as necessary for further processing of this application. I/ We understand and agree that by submitting this application through the Company's application. I/ We will be bound by any 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 declare that I/We have understood and answered all the questions in the above online application, including the information given to Exide Life Insurance Co. Ltd. as to the state of health & habits of the life/lives to be assured truthfully and assure the same is bona fide and complete in every respect.

I/ We undertake to notify Exide Life Insurance Company Limited ("the Company") of any change in the information with respect to the life to be assured subsequent to the submission 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 Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act. The Company reserves the right to accept, decline or alter the terms of this application for life insurance. I hereby declare and confirm that I am making the premium payment towards for this policy through my own bank account/other payment facility and I agree to submit a third party declaration in case the premium payment is not made from my own account.

Date D D M M Y Y Y Y Place

(Signature of Life Assured)
(If different from Proposer)

(Signature of Proposer)