

LIFE ASSURED DECLARATION

Applicable for applicants signing in English/ Vernacular Language

This declaration must be signed by a person other than the employee / advisor of ICICI Prudential Life Insurance Company Limited. The Witness should be related to Policy holder.

CDF Ver 1



Unique Reference/Application Number

PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED

To,
ICICI Prudential Life Insurance Co. Ltd.
Subject: Submission of Online Application

I _____ request you to process the Application Number _____ for _____ submitted online by _____ on ICICI Prudential's website www.icicprulife.com. _____ has explained the relevant documentation/ information and has also made us understand the product features and benefits. I confirm that I have read/ been explained relevant documentation/ information and have understood the product features and benefits. I confirm that I have read relevant documentation/ information and have understood the product features and benefits. I agree that post meeting with Mr./Ms. _____ bearing license/ certificate number _____, I/we have submitted the application to buy this product of my/our own accord. I acknowledge that the information pertaining to me furnished in the above mentioned application form is true and correct and I have duly checked and verified the same. Further I am submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as applicable for further processing of this application.

I am aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies, CERSAI* and other such entities to enable sharing/collecting/validating my KYC related documents/information, as available with the said institutions/agencies/ entities. I also understand and confirm that my contact details or other information, may be shared on confidential basis, within the ICICI group and/or with any service provider/third party agency with whom the Company has tie-ups/arrangements, for processing of this proposal or servicing of the resulting policy, and may also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if required for the purpose of preventing fraud. I also agree that the PAN details and other information provided by me in the application form maybe used by the Company to download/verify my KYC documents from the CERSAI* CKYC portal for processing your application. Further, I am an existing customer(s) of _____ and give my consent to _____ to share my details for the purpose of my application/renewal for insurance policy.

*Central Registry of Securitization and Asset Reconstruction and security Interest of India.

DECLARATION APPLICABLE FOR THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE:

This is to certify that I have read out the contents of this statement to Mr./Mrs. _____ and he/she has understood the same. Further, I would also like to certify that Mr./Mrs _____ has affixed his/her thumb impression or has signed in vernacular language in my presence after I have explained the above contents to him/her. 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: _____

Contact Number: _____

Address: _____

Date

Place

Signature of Witness

(If applicable for signing in vernacular language)

Signature of Life Assured

(Signature of Life Assured)