


## Policy Certificate Smart Kid UIN 105N014V01

This policy is the evidence of a contract between ICICI Prudential Life Insurance Company Limited ('the Company') and the Policyholder referred below. This policy is issued on the basis of the Proposal made by the below named Policyholder and submitted to the Company along with the required Declaration, Personal Statement, applicable Medical Reports, the First / Single Premium Deposit and any other document submitted evidencing the insurability of the Life Assured, for issuance of the policy. The Company hereby agrees to the policy terms and conditions in consideration of and subject to the due receipt of the subsequent premiums (where applicable) under the Policy.

Name of the Child (Nominee): Gurbani Nilesh Ghubade		Age (Years): 3.2
Date of Birth: 02/12/2009		
Name of the Proposer: Mr. NILESH MADHAV GHUBADE		
Address: C 23/cd 58 Shreerang Soc Old Agra Road  Opp Uco Bank Thane W Maharashtra		
Name of Life Assured (Proposer): Mr. NILESH MADHAV GHUBADE		
Date of Birth: 10/05/1978	Age (Years): 35	Age Admitted: YES
Name of Appointee (Incase Nominee is Minor): Gurpreet Kaur Sohan Singh Bal		
Policy No : 17458517	Policy Commencement Date : 09/02/2013	
Due Date of Last Premium : 09/02/2031	Category : Non-Medical	
Maturity Date : 09/02/2032	Policy Term (Years) : 19	
Periodicity of Premium Payment : Yearly		
BENEFIT	SUM ASSURED (Rs.)	PREMIUM (Rs.)
Smart Kid	1700000	101279.00
Income Benefit Rider	600,000.00	2,352.00
Accdntl Death&Disability Rider	1,700,000.00	2,295.00
	<b>AMOUNT</b>	<b>105,926.00</b>

**Benefits payable and other conditions:** Death benefit as specified in the Policy Document and Fixed Term Benefits as shown in the Table below:

Fixed Term Benefits payable on the policy anniversary of the following years	% of Sum Assured payable
09/02/2025	20
09/02/2027	25
09/02/2030	25
09/02/2032	30

**Guaranteed Additions (GA):** Rs. 35/- per thousand of the basic Sum Assured per annum for the first "4" years, compounded annually. The Guaranteed Additions and Vested Bonuses shall be payable on the Maturity Date.

**Service Tax and Education Cess extra, as applicable.**

"The Policy shall be subject to and be governed by this schedule and the terms and conditions of the Policy Document enclosed herewith including every endorsement by the Company and shall together form a single contract."

The Policy shall stand cancelled in the event of non-realisation of the First / Single Premium Deposit by the Company.

Signed for and on behalf of the ICICI Prudential Life Insurance Company Limited, at Head Office, Mumbai on 09 February 2013 (the issuance date).

Authorised Signatory



V.V. Balaji

Executive Vice President - Service Delivery

Version: 1.0

## FIRST PREMIUM RECEIPT & STATEMENT OF ACCOUNTS

### NAME

Mr. NILESH MADHAV GHUBADE

### RECEIPT NUMBER

C7210082

### DATE OF RECEIPT

08/02/2013

### POLICY NUMBER

17458517

### POLICY TYPE

Smart Kid

### PREMIUM DETAILS

Benefits	Amount
Smart Kid	101279.00
Income Benefit Rider	2,352.00
Accdntl Death&Disability Rider	2,295.00
Service Tax and Education Cess	3702
Total Amount	109,628.00
<b>Amount Received</b>	<b>109,635.00</b>

### PAYMENT METHOD DETAILS

Payment Method : Yearly

Cheque No : 066625

Cheque Date : 09/02/2013

Bank Name : ICICI Bank Limited

### BALANCE PREMIUM :

**Balance in Deposit : 7.00**

Your Next Premium is Due on : 09/02/2014

The amount indicated as balance premium (if any) will be adjusted towards future premium

Consolidated revenue stamp duty paid: Notification No - Mudrank - 0715/25603/CR-322/M1-30/10/2012

### SUMMARY OF INVESTMENTS (applicable only for Unit Linked Products)

Transaction Summary	
Premium Amount:	Charges Deducted basis Net Premium Invested
Premium Allocation Charge:	Mortality Charges:
<b>Net Premium Invested:</b>	Policy Administration Charges:

For your Key Features Document please click: [http://www.iciciprulife.com/public/pdf/Welcome\\_KFD\\_TNC/KFD/KFD\\_A03.pdf](http://www.iciciprulife.com/public/pdf/Welcome_KFD_TNC/KFD/KFD_A03.pdf)  
 For your Terms and Conditions Document please click: [http://www.iciciprulife.com/public/pdf/Welcome\\_KFD\\_TNC/TNC/A03.pdf](http://www.iciciprulife.com/public/pdf/Welcome_KFD_TNC/TNC/A03.pdf)  
 For details of your Rights and Duties as a Policyholder please click: <https://www.iciciprulife.com/rightsandduties>  
 Income Tax Benefits:

TAX BENEFITS ON LIFE INSURANCE POLICY WOULD BE AVAILABLE U/S 80C, ON PENSION POLICY U/S 80CCC & ON HEALTH RIDERS(IF ANY) U/S 80D AS PER PREVAILING INCOME TAX LAWS. SERVICE TAX & EDUCATION CESS EXTRA, AS APPLICABLE. SERVICE TAX DETAILS: CATEGORY OF SERVICE: LIFE INSURANCE SERVICE  
 REGISTRATION NO: MIV/ST/IAS-LIFE/1; PAN BASED STC NO: AAACI7351PST001

Unique Identification Number specified by IRDA -- Smart Kid 105N014V01 Income Benefit Rider Accdntl Death&Disability Rider

For premium payments (including top-ups) aggregating Rs.50,000 or more in a year, updating PAN details is mandatory. Option of submitting Form 60 / 61 is available in case of no PAN. The Policy shall stand cancelled in the event of non-realization of the First Premium Deposit by the Company. This is an authenticated Receipt/Intimation/Statement. Incase of any discrepancies, kindly notify us within 14 working days through any of our touch points mentioned. The rate of interest for backdate is 14.50% p.a. compounded half yearly. Applicable only for non market linked policies.

# ELECTRONIC CLEARING SERVICE (ECS)/ DIRECT DEBIT APPLICATION FORM



Instructions for premium payment through: ☐ ECS ☐ Direct Debit

Branch Code: \_\_\_\_\_

To the Branch Manager,

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Application No.	Policy No.	Amount (Rs.)	Start Date	End Date

Ref: Authorisation to pay insurance premium and / or receive credit for Company initiated payouts through Electronic / Direct Debit clearing service.

I hereby instruct the bank to debit my account and pay to ICICI Prudential Life Insurance Co. Ltd. as per the demand sent by ICICI Prudential Life Insurance Co. Ltd.

Name of Account Holder \_\_\_\_\_  
(as mentioned in Bank A/C)

Mobile Number: I S D \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name and Address: \_\_\_\_\_

CBS Account Number: \_\_\_\_\_

MICR Code: \_\_\_\_\_ 9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.

Account Type: ☐ Current Account ☐ Saving Account ☐ Cash Credit Account In case of Current A/c please affix Proprietary Firm / Company stamp on the mandate.

Periodicity of Payment: ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually

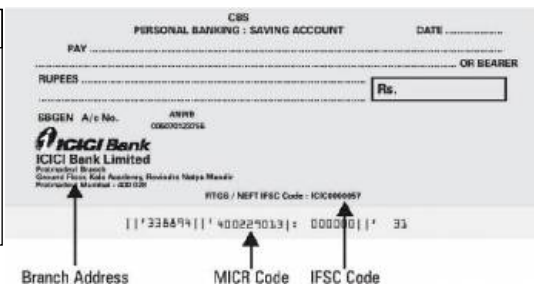
☐ Yes, I have attached a blank cancelled cheque/ Photocopy of the same

Certified that the particulars furnished above are correct and as per our records. All credits/ refunds will be directed to the above mentioned bank account

BANK STAMP

Signature of Authorised Bank Official

Date DD MM YY YY



The ECS/ Direct Debit request will get rejected if:

1. The above account details do not tally with your bank records
2. A cancelled/ photocopied cheque is not attached

## DECLARATION:

- I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Electronic Clearing System (ECS) / Direct Debit. I understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time.
- I hereby declare that the particulars given are correct and complete. I understand and accept that the transaction will be effected on the policy on the due date (provided the day is working day). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold the user institution (Company) responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.
- I authorize the above mentioned bank to debit my bank account if my ECS mandate is active and until I give a written request for cancellation of ECS/ Direct Debit.
- I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the ECS/ Direct Debit facility for my premium payments and in the instance of Direct Debit /ECS debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable.
- I hereby authorize ICICI Prudential Life Insurance Co. Ltd. and their authorized Service Providers to debit my Bank Account directly or by ECS (Debit Clearing) for collection of Premium Payments.
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
- I take full responsibility of genuineness and correctness of the details filled herein.
- In the future, if I opt out of ECS/ Direct Debit mode there may be increase in premium amount
- I hereby authorize to recover Rs.150/- per transaction, if the payment is not honored on the due date of premium as per ECS mandate given.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment shall be subject to realisation of the last renewal premium payment.
- I understand that the Company shall not be held responsible for any non receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form.
- I also understand and agree that the Company reserves the right to use any alternative payout option.

Primary Account Holder's Signature  
(If Primary Account holder differs from policy holder)

Policy Holder's Signature

Joint Account Holder's  
Signature 1

Joint Account Holder's  
Signature 2

## For Office Use Only:

Spaarc Call ID: \_\_\_\_\_ Date DD MM YY YY

Scanning Cabinet: \_\_\_\_\_ Received By: \_\_\_\_\_

Remarks: \_\_\_\_\_

STAMP AND  
TIME

## Acknowledgement Slip:

Application received for premium collection and / or electronic payout mode through: ☐ ECS ☐ Direct Debit

Policy Number: \_\_\_\_\_ Date DD MM YY YY

Received By: \_\_\_\_\_

- Request for cancellation of ECS /Direct Debit facility has to be provided 15 days prior to the due date or the same would be effective from the next premium due date.
- Requests for payment mode change to ECS/Direct Debit has to be provided 30 days prior to the due date or the same would be effective from the next due date.
- Data provided by the customer in the cancelled cheque and the proposal form may be used by the Company to complete the ECS Mandate in case required information has not been filled.
- Please save this acknowledgement till the transaction is complete.
- The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document.

STAMP AND  
TIME