

Policy Certificate GuaranteedSavingsInsurancePlan UIN 105N114V02

In this Policy, the investment risk in investment portfolio is borne by the Policyholder.*

This Policy is the evidence of a contract between ICICI Prudential Life Insurance Company Limited ("the Company") and the Policyholder referred to below. This Policy is issued on the basis of the details provided by the Policyholder in proposal form submitted to the Company along with the required declaration, personal statement, applicable medical reports, the first premium deposit and any other document submitted which constitute evidence of the insurability of the Life Assured for the issuance of the Policy. The Company hereby agrees to provide the benefits set out in this Policy in consideration of and subject to receipt of due premiums under the Policy.

Name of Life Assured: Mr. NILESH GHUBADE

Address: C23/CD 58, SHREERANG SOCIETY OLD AGRA ROAD	CATEGORY : Non-Medical
TNAHE WEST Maharashtra	

Date of Birth: 10/05/1978	Age (Years): 34	Age Admitted: YES
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Name of the Proposer: Mr. NILESH GHUBADE

Policy No : 17284707	Policy Term (Years) : 20	Risk Commencement Date : 10/01/2013
Date of Maturity: 10/01/2033		
Due Date of Last Premium: 10/01/2022		
Name of the Nominee / s: Ms. GURPREET GHUBADE GURPREET GHUBADE		
Appointee (Name):		

Particulars	Sum Assured (Rs.)	Premium (Rs.)
GuaranteedSavingsInsurancePlan	2000000	200000.00

Periodicity of Payment shall be: Yearly

Service Tax and Education Cess extra, as applicable.

Benefits payable and charges applicable: as specified in the policy document.

"Policy Certificate, Terms and Conditions of the Policy and all the endorsements by the Company, if any, shall form an integral part of this contract and shall be binding on the Company and the Policyholder."

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 10 January 2013 (the issuance date).

Authorised Signatory



Version: 1.0

V.V. Balaji
Executive Vice President - Service Delivery

Stamp Duty of Rs. 1 /- (ONE RUPEES only) paid by GRN no MH000332621201213E dated 10th January 2013, vide Deface No 0000077989201213 dated 22nd January 2013 respectively.

*Applicable to ULIP Policies only

FIRST PREMIUM RECEIPT & STATEMENT OF ACCOUNTS

NAME

Mr. NILESH GHUBADE

RECEIPT NUMBER

C5870248

DATE OF RECEIPT

21/12/2012

POLICY NUMBER

17284707

POLICY TYPE

GuaranteedSavingsInsurancePlan

PREMIUM DETAILS

Benefits	Amount
GuaranteedSavingsInsurancePlan	200000.00
Service Tax and Education Cess	6180
Total Amount	206,180.00
Amount Received	206,180.00

PAYMENT METHOD DETAILS

Payment Method : Yearly

Cheque No : 002860

Cheque Date : 21/12/2012

Bank Name : ICICI BANK LTD

BALANCE PREMIUM :

Balance in Deposit : 0.00

Your Next Premium is Due on : 10/01/2014

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:
Net Premium Invested:	Policy Administration Charges:

For your Key Features Document please click: http://www.iciciprulife.com/public/pdf/Welcome_KFD_TNC/KFD/KFD_E05.pdf
 For your Terms and Conditions Document please click: http://www.iciciprulife.com/public/pdf/Welcome_KFD_TNC/TNC/E05.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 -- GuaranteedSavingsInsurancePlan 105N114V02

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. In case 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:

ISD _____

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

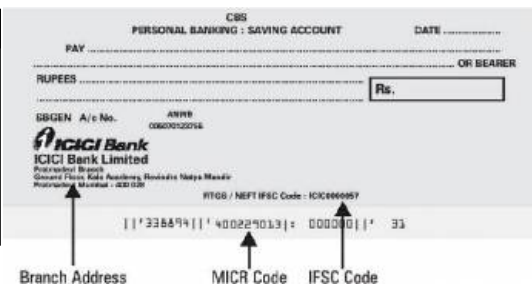
☐ Yes, I have attached a blank cancelled cheque/ Photocopy of the same

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