

### GST Declaration Form

Application No. / Policy No.: \_\_\_\_\_

Name of policyholder: \_\_\_\_\_

I \_\_\_\_\_ *<name of policyholder>* confirm the following to Star Health Insurance Company Limited.

1. I have paid the premium of Rs. \_\_\_\_\_ from my NRE / foreign bank account no. \_\_\_\_\_ with \_\_\_\_\_ bank having the transaction reference no. \_\_\_\_\_ dated \_\_\_\_\_.
2. The documents submitted by me are of my NRE bank account no \_\_\_\_\_.
- ☐ NRE bank account statement showing debit entry of premium amount; or
3. I, further, confirm that I will intimate Star Health Insurance Company Limited in case my residential status changes from non-resident to resident India during the year.
4. I will be responsible to indemnify Star Health Insurance Company Limited against any incorrect / false claim of GST on premium paid by me alongwith interest, if any, as applicable.

Date: \_\_\_\_\_

Signature of policyholder: \_\_\_\_\_