



RLP Raipur
Pandri Main Road opposite Mata Garage

Check List for Education loan For IIT Bhilai

Applicant

1. Aadhar Card
2. Pan Card
3. Four Photos
4. HSC and HSSC Mark sheet
5. IIT Bhilai Call Letter
6. JEE Score Card
7. Allotment Letter
8. Caste Certificate if Applicable
9. Domicile Certificate

Co - Applicant (Either of the parents)

1. Aadhar Card
2. Pan Card
3. Four Photos
4. ITR with Computation (Optional) / FORM 1G with Salary Slip
5. Account Statement 6 Months
6. Income Certificate if Applicable

COMMON RETAIL LOAN APPLICATION FORM
 (Separate Form to be obtained from Applicant / Co-applicant)
PERSONAL DETAILS APPLICANT CO-APPLICANTName Gender M F T*
T* TransgenderSalutation Mr Mrs Ms Dr. Other Date of Birth Age yrs monthMarital Status Married Unmarried Other Name of Spouse No. of Dependents No. of Children Name of Father Mother's Maiden Name Nationality Residential Status Resident NRI/PIO If NRI, Country of Resi. Religion Category Minority SC ST OBC Gen. If Minority : Place of Birth Photo Identification (ID): Type Photo Identification (ID): Number Photo ID valid upto Driving License No. Driving License Valid Upto Passport No Passport Valid Upto PAN No./GIR No. Aadhar No. Educational Qualification Social Media (Tick any one)     ID address **Present Address:** Staying at the present address for the past Years and Months. Type of Residence Owned Rented Allotted by Employer OtherHouse /Flat Apartment No. or Name Street Name & No. and Area/Location Landmark City District Pin Code State Country Telephone (Landline) Mobile (Primary) Mobile (Secondary) Email (Personal) **Permanent Address:** Is permanent address same as present address? Yes No (To be filled if permanent address is different from present address)House /Flat Apartment No. or Name Street Name & No. and Area/Location Landmark City District Pin Code State Country Telephone (Landline 1) Telephone (Landline 2) **Office / Business Address:**Name of Org/Employer, Dept, & Floor Street Name & No. and Area/Location Landmark City District Pin Code State Country Telephone (Landline) Mobile (Primary) Mobile (Secondary) Email (Organizational) **Repayment Mode** Check-off NACH Auto recovery from SB Account SI (Standing Instruction) OthersRelationship with the Bank New Less than 1 year 1 – 3 years More than 3 years

Reference (Names and address of two referees who are not related to you):

Union Bank of India may make enquiries from the referees if it deems necessary.

Name: <input type="text"/>
Address: <input type="text"/>
<input type="text"/>
Email: <input type="text"/>
Tel: <input type="text"/> Mob: <input type="text"/>

Name: <input type="text"/>
Address: <input type="text"/>
<input type="text"/>
Email: <input type="text"/>
Tel: <input type="text"/> Mob: <input type="text"/>

ULP/ Branch _____

CONFIDENTIAL CREDIT INFORMATION

(Should be filled by all applicants and guarantors separately)

Please don't keep any field blank. Provide us complete & correct details about your assets & liabilities including existing loans, credit cards etc so that we can process your proposal faster and serve you better.

NAME	ADDRESS WITH TELEPHONE NUMBER			
	HEAD OFFICE	TEL. NO.	BRANCH OFFICE & / OR FACTORY	TEL. NO.
NATURE OF MAIN BUSINESS/SERVICE..		QUALIFICATION-----		
DESIGNATION...		CATEGORY- SC/ ST/ OBC/ GENERAL,		
		RELIGION----		

CONSTITUTION ESTABLISHED (YEAR)					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> H.U.F.	<input type="checkbox"/> TRUST	<input type="checkbox"/> MINORITY		
<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED COMPANY PRIVATE / PUBLIC	<input type="checkbox"/> SC / ST		

FULL NAME OF IDENTICAL CONNECTED OR ASSOCIATED FIRMS GIVING THE NATURE AND PLACES OF BUSINESS NAME/S OF THEIR BANKERS WITH ADDRESS / ES DETAILS OF CREDIT FACILITIES ALLOWED BY THEM

FULL NAMES, AND ADDRESS OF THE INDIVIDUAL, PROPRIETOR, PARTNERS, KARTA AND CO-PARCENERS, DIRECTORS ETC. AND THEIR RELATIONSHIP WITH EACH OTHER IF ANY (BRIEF REPORT ON THE BUSINESS MEANS / ASSETS OF PARTNERS / DIRECTORS TO BE GIVEN ON THE REVERSE)					

NAME	FATHER'S/ HUSBAND'S NAME	ADDRESS WITH PIN CODES & TELEPHONE NUMBERS					
		OFFICE	TEL/MOB. ..NO.	PRESENT RESIDENCE	TEL/MOB. ..NO.	PERMANENT ADDRESS	TEL/MOB. ..NO.

NAME OF THE OWNER / LANDLORD (IF RENTED) LICENCE OF THE PREMISES MUST BE SUPPORTED BY LATEST CERTIFIED DOCUMENTARY EVIDENCE SUCH AS RECEIPT FOR RENT, TAXES ETC.

ULP/ Branch _____

CONFIDENTIAL CREDIT INFORMATION

(Should be filled by all applicants and guarantors separately)

Please don't keep any field blank. Provide us complete & correct details about your assets & liabilities including existing loans, credit cards etc so that we can process your proposal faster and serve you better.

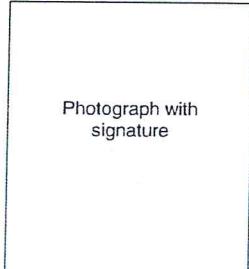
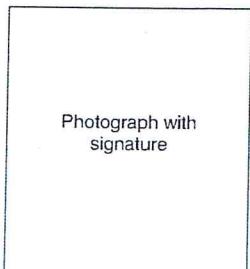
NAME	ADDRESS WITH TELEPHONE NUMBER				
	HEAD OFFICE	TEL. NO.	BRANCH OFFICE & / OR FACTORY	TEL. NO.	
NATURE OF MAIN BUSINESS/SERVICE..	QUALIFICATION-----				
DESIGNATION...	CATEGORY- SC/ ST/ OBC/ GENERAL,				
RELIGION----					
CONSTITUTION ESTABLISHED (YEAR)					
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> H.U.F. <input type="checkbox"/> TRUST <input type="checkbox"/> MINORITY <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED COMPANY <input type="checkbox"/> SC / ST PRIVATE / PUBLIC					
FULL NAME OF IDENTICAL CONNECTED OR ASSOCIATED FIRMS GIVING THE NATURE AND PLACES OF BUSINESS NAME/S OF THEIR BANKERS WITH ADDRESS / ES DETAILS OF CREDIT FACILITIES ALLOWED BY THEM					
<hr/> <hr/> <hr/>					
FULL NAMES, AND ADDRESS OF THE INDIVIDUAL, PROPRIETOR, PARTNERS, KARTA AND CO-PARCENERS, DIRECTORS ETC. AND THEIR RELATIONSHIP WITH EACH OTHER IF ANY (BRIEF REPORT ON THE BUSINESS MEANS / ASSETS OF PARTNERS / DIRECTORS TO BE GIVEN ON THE REVERSE)					
NAME	FATHER'S/ HUSBAND'S NAME	ADDRESS WITH PIN CODES & TELEPHONE NUMBERS			
		OFFICE	TEL/MOB. ..NO.	PRESENT RESIDENCE	TEL/MOB. ..NO.

NAME OF THE OWNER / LANDLORD (IF RENTED) LICENCE OF THE PREMISES MUST BE SUPPORTED BY LATEST CERTIFIED DOCUMENTARY EVIDENCE SUCH AS RECEIPT FOR RENT, TAXES ETC.

APPLICATION FOR

 STUDY IN INDIAUNION EDUCATION
EDUCATION LOAN ANNEXURE STUDY ABROAD SKILL LOAN

A. PERSONAL INFORMATION

PARTICULAR	APPLICANT	CO-APPLICANT
Photograph with signature		
Name (In block letters)	<input type="text"/>	<input type="text"/>
Father's / Guardian's name	<input type="text"/>	<input type="text"/>
Relationship with applicant / co-applicant	<input type="text"/>	<input type="text"/>
PAN number	<input type="text"/>	<input type="text"/>
Aadhaar number	<input type="text"/>	<input type="text"/>
Passport No	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/> / <input type="text"/> years	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/> / <input type="text"/> years
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Resident status	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident
If NRI, Country of residence	<input type="text"/>	
Category	<input type="checkbox"/> Minority <input type="checkbox"/> SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN	<input type="checkbox"/> Minority <input type="checkbox"/> SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN
In case minority, please specify _____		
Present Residential Address with Telephone No.	<input type="text"/>	
Staying since	<input type="text"/> years	
Present accommodation is	<input type="checkbox"/> Owned <input type="checkbox"/> Family <input type="checkbox"/> Other	<input type="checkbox"/> Owned <input type="checkbox"/> Family <input type="checkbox"/> Other
	<input type="checkbox"/> Rented <input type="checkbox"/> Employer	<input type="checkbox"/> Rented <input type="checkbox"/> Employer
Permanent Address with Telephone No.	<input type="text"/>	
Landline	<input type="text"/>	
Mobile No.	<input type="text"/>	
e-mail ID	<input type="text"/>	
Social Media presence	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 

If yes, you can like our page on the following links and receive promotional/information messages:

**UNION EDUCATION
EDUCATION LOAN ANNEXURE**

B. EDUCATION QUALIFICATION

Examination passed	Year	Marks obtained (%)	Division	Scholarship detail, if any

C. DETAIL OF PROPOSED COURSE

FULL TIME COURSE: YES NO

Name of the course	Duration	Name of the college/university	Address of the campus
Career Prospects after completion of the course (specify in brief)			
Details of offer letter /admission letter from university			

D. DETAILS OF ESTIMATED EXPENDITURE

Total course Fees (as above)

Loan amount requested

Expense already incurred

Margin to be brought-in

Total

Total

E. DETAILS OF PROPERTY OFFERED (For loans above Rs.7.50 lacs)

Names of owners of property

Whether location is metro/urban/semi-urban?

Whether coming under the municipal limit?

Whether residential/commercial/industrial?

Survey No./D. No. of the property _____

Address of property _____

Whether it is GR will be recorded in the **GR** column of the table.

Whether the mutation has been marked in the revenue records in the name of previous owner/builder (whether it is or will be rented out)?

**UNION EDUCATION
EDUCATION LOAN ANNEXURE**

F. GUARANTOR DETAILS (WHEREVER APPLICABLE)

PARTICULAR	Guarantor 1	Guarantor 2
Name (In block letters)	_____	_____
Father's / Guardian's name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
Date of birth	_____ _____ _____ Age _____ years	_____ _____ _____ Age _____ years
PAN number	_____	_____
Aadhaar number	_____	_____
Residential Address with Telephone No.	_____	_____
Occupation	<input type="checkbox"/> Employed <input type="checkbox"/> Business <input type="checkbox"/> Self-employed/Professional	<input type="checkbox"/> Employed <input type="checkbox"/> Business <input type="checkbox"/> Self-employed/Professional
Name of the organisation	_____	_____
Office Address with Telephone No.	_____	_____
Landline	_____	_____
Mobile No.	_____	_____
e-mail ID	_____	_____

G. INCOME DETAILS OF GUARANTOR (in INR)

(A) Gross Annual income	_____
(B) Annual income tax	_____
(C) Other annual expenditure/deductions	_____
Surplus available (A-B-C)	_____

H. GENERAL

I have been explained the term assurance plan offered by the bank to cover this liability. I wish to avail

YES NO

I wish to service the monthly interest charged in the account during the study period.

YES NO

Whether guided by any subsidized scheme YES NO

If yes, please answer the following : Parent Income (all Source): _____

Income Certificate Date & No: _____

Certificate Issuing Authority: _____

Availed subsidy in any other scheme: _____

If availed (Specify): _____

In case of study abroad, whether the "in principal sanction" to release the foreign exchange is obtained from RBI/AD? YES NO

Whether the proposed university/college/ course/programme have got any accreditation? YES NO

If yes, please specify: _____

DECLARATION BY APPLICANT(S)

I/we declare that all the particulars and information given in the application form are true, correct and they shall form the basis of any loan Union Bank of India (Union Bank) may decide to grant me/us. I/we confirm that I/we have no insolvency proceedings against me/us nor have I/we ever been adjudged insolvent and further confirm that I/we have read the brochure and understood the contents. I am/we are aware that the equated monthly instalment comprising principal and interest is calculated on the basis of monthly rests.

I/we agree that Bank may take up such reference and may make such enquiries in respect of this application as it may deem necessary. I/we undertake to inform the Bank regarding any change in my/our occupation/employment and to provide any further information that the Bank may require. UNION BANK may make available any information contained in this form, other documents submitted to Union Bank and information pertaining to the loan to any Institution or body. The Bank may seek or receive information from any source/person to consider this application. I/we further agree that my/our loan shall be governed by rules of Union Bank of India which may be in force from time to time.

I/We authorize Union Bank of India to exchange, share or part with all the information relating to my/our loan details/repayment history/information to other Union Bank Branches/ other Banks/Financial Institutions/Reserve Bank of India/ Credit Bureau Agencies/Statutory Bodies as may be required and shall not hold Union Bank of India and/or its agents liable for use of this information.

I understand that to avail the education loan subsidy, income certificate issue by competent authority i.e. Tehsildar/concerned revenue authority/DM etc. is required to be submitted at the frequent intervals. I shall abide by the rule and shall be solely responsible for any event (stoppage of subsidy, claim back of subsidy etc.) if arise due to non-submission of the income certificate.

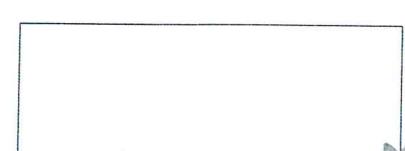
I/we further declare and agree that the information furnished hereinabove is true to the best of our knowledge and belief and in case any information is found to be false at a later date, the bank has right to recall the advance and initiate appropriate action as it may deem fit.



Signature of applicant

Date:

Place: _____



Signature of co-applicant(s)

DECLARATION OF GUARANTOR

I am/we are willing to stand as guarantor(s) for the proposed advance as per the above request.



Signature of guarantor(s)

Date:

Place: _____

For Office Use Only

All relevant documents have been obtained as per the scheme guidelines. Photocopies have been verified with original. Application form is duly filled in all respects.



Signature of Marketing Officer/Credit Officer/RDO

Date:

Member Enrolment Form - SUD Life Sampoorna Loan Suraksha Plus

MEMBERSHIP FORM NUMBER:												
A. CHANNEL DETAILS (FOR OFFICIAL USE ONLY)												
Channel Type	<input type="checkbox"/> BOI	<input type="checkbox"/> UBI	<input type="checkbox"/> Other Corporate Agent	<input type="checkbox"/> Broker	<input type="checkbox"/> Agency	SP/PF Code	<input type="text"/>					
Branch Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Staff Case					<input type="checkbox"/> Yes	<input type="checkbox"/> No	EMP ID/PF Number if Staff Case <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
MPH Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
B. DETAILS OF APPLICANT/S												
DETAILS	APPLICANT	CO-APPLICANT 1			CO-APPLICANT 2		CO-APPLICANT 3					
SALUTATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
FULL NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
GENDER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
NATIONALITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
RELATIONSHIP WITH APPLICANT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
EDUCATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
OCCUPATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
NATURE OF BUSINESS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
EMPLOYER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
DESIGNATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
PAN NO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
ANNUAL INCOME CURRENT YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
PRIMARY BORROWER AS PER LOAN SANCTION LETTER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
IF GUARANTOR IN LOAN (TICK YES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CONTACT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
E MAIL ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
COUNTRY OF STUDY FOR EDUCATION LOAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
MAILING ADDRESS (Address to which COI will be dispatched)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
I/We hereby confirm that												
a. I/We have no objection in receiving phone calls or messages or communication through any other electronic mode from/on behalf of Star Union Dai-ichi Life Insurance Co. Ltd. in regards to my/our Group Insurance Policy with them.												
b. I/We hereby give my/our consent to the Company for sending communications with regard to insurance coverage/policy to the Primary Applicant, in case of joint borrowers.												
C. DETAILS OF NOMINEE / GUARDIAN* & APPOINTEE : In case of more than two nominees, please fill separate addendum												
GENDER	<input type="text"/>	NAME	<input type="text"/>	<input type="text"/>	% SHARE	DOB	RELATIONSHIP	SIGNATURE OF APPOINTEE				
Nominee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Nominee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Appointee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
*Guardian details to be captured in this section if the Life Assured is minor in case of Education Loan.												
D. INSURANCE DETAILS												
BENEFIT OPTIONS	<input type="checkbox"/> LC + ADB	<input type="checkbox"/> LC + ACI	<input type="checkbox"/> LC + AATPD	<input type="checkbox"/> LC + AATPD + ADB	<input type="checkbox"/> LC	COVERAGE TYPE	<input type="checkbox"/> Reducing	<input type="checkbox"/> Level				
	LC: Life Cover ADB: Accidental Death Benefit ACI: Accelerated Critical Illness AATPD: Accelerated Accidental Total & Permanent Disability											
LOAN AMOUNT (excl. premium)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LOAN ACCOUNT NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
LOAN TYPE	<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Personal	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Business	<input type="text"/>					
	<input type="checkbox"/> Others	<input type="text"/>										
TOTAL LOAN PERIOD	<input type="text"/> Years	<input type="text"/> Months	MORATORIUM PERIOD (inclusive of Study Period)			<input type="text"/> Months						
RATE OF LOAN INTEREST	<input type="text"/>	<input type="text"/> %	MORATORIUM OPTION (during moratorium period)			<input type="checkbox"/> Interest Paid	<input type="checkbox"/> Interest Not Paid					
POLICY TERM MODE	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	POLICY TERM			<input type="text"/> Years	<input type="text"/> Months					
PREMIUM AMOUNT	<input type="text"/>	<input type="text"/>	PREMIUM FUNDING			<input type="checkbox"/> Yes	<input type="checkbox"/> No	PREMIUM PAYMENT TERM	<input checked="" type="checkbox"/> Single			
FIRST DISBURSEMENT DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
INITIAL SUM ASSURED, LIFE COVER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ACI BENEFIT TERM (in case of LC + ACI only)	<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years	<input type="checkbox"/> Policy Term				
INITIAL SUM ASSURED	ADB <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ACI <input type="text"/>	<input type="text"/>	<input type="text"/>	AATPD <input type="text"/>				
	ADB: Accidental Death Benefit ACI: Accelerated Critical Illness				AATPD: Accelerated Accidental Total & Permanent Disability							
IN CASE OF JOINT LIFE, SUM ASSURED	Life 1% <input type="text"/>	Life 2% <input type="text"/>	Life 3% <input type="text"/>	Life 4% <input type="text"/>	OR <input type="text"/>	100% for both life (Policy terminates in case of death of any one life)						
CUSTOMER BANK A/C NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IFSC CODE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

E. HEALTH DECLARATION FOR MEMBER

I here by agree that:

S. No.	Questions	Applicant		Co-Applicant 1		Co-Applicant 2		Co-Applicant 3	
		YES	NO	YES	NO	YES	NO	YES	NO
1.	Apart from minor ailments such as cold and flu, I have never received any treatment from, or consulted with any doctor or been hospitalized in the last five years.								
2.	My occupation is not associated with any specific hazard nor I take part in activities or have hobbies that could be dangerous in any way for example paragliding, bungee jumping, etc..								
3.	I was never advised to undergo any surgery or treatment or laboratory investigations (such as but not limited to stress ECG, echocardiogram, angiography, MRI/CT scan etc.) by any doctor or specialist.								
4.	Any application or proposal for life, health, accident or critical illness including renewal and reinstatement has never been declined, deferred, withdrawn or accepted at special rates or terms by SUD Life Insurance or any other insurance company.								
5. a.	For females only - Currently I am not pregnant.								
5. b.	(For females only) Currently I am not suffering, being investigated or treated for any pregnancy related complication or any other gynecological disorder.								
6.	I have never suffered in the past and not currently suffering from any of below								
	If No please tick the applicable box								
	1) Diabetes mellitus, high blood sugar levels or sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	2) High blood pressure, chest pain, heart attack, heart murmur, shortness of breath or any other heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	3) Stroke, paralysis, transient ischemic attack, epilepsy, head injury, tremors, dizzy or fainting spells, blurred or double vision or any other nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	4) Recurrent indigestion, ulcer, jaundice, hepatitis, cirrhosis, kidney stone, kidney failure or any other disease of the stomach, bowels, liver, kidney, urinary bladder, prostate or reproductive system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	5) Sexually transmitted disease or AIDS or positive HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	6) Cancer, tumour, leukemia, enlarged lymph nodes or any abnormal growth or any hormonal disorders or disorders of the blood and lymphatic system, eyes, ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	7) Asthma, tuberculosis, chronic cough, chronic bronchitis, emphysema, pneumonia or any other disease of the respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	8) Anxiety, depression or any other Mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	9) Rheumatic arthritis, joint disease, bone disorders, muscular dystrophies, musculoskeletal deformities or any physical deformity or congenital birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	10) Thyroid or endocrine disease, digestive and bowel disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	11) Any other condition, symptom, disease not stated above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7.	I do not currently have or in the past had any diseases, disorders, disability, surgery or are intending to seek medical advice for a condition not mentioned above.								
8.	I have never received or not receiving currently any disability or critical illness benefits from any insurance company.								
9.	I have never been off work due to illness for a continuous period of 7 days or more in the last 5 years?								
10.	I have not consumed/do not consume tobacco/khaini/pan masala/gutkha and or smoked cigarettes/bidi/cigars. If No specify name _____ provide details with daily quantity and frequency								
11.	I have not consumed/do not consume alcohol/Hard Liquor/Wine/Beer. If No specify name _____ provide details with weekly quantity and frequency								
12.	None of my family member (father ,mother ,brother(s) or sister (s)) suffered from or not suffering from cancer, heart disease, kidney failure, stroke, diabetes, or any hereditary disease.								
13.	Height (in CM)	_____ CM	_____ CM	_____ CM	_____ CM				
14.	Weight (In KG)	_____ KG	_____ KG	_____ KG	_____ KG				
COVID QUESTIONNAIRE									
15.	I have never been tested positive for novel corona virus or quarantined or in contact/cohabitation with any person who has been tested positive/quarantined or symptomatic for Covid 19.								
16.	I have not travelled in and/or out of the country in the last 30 days								
17.	I haven't been advised for hospitalization or any tests to rule out, a diagnosis of novel coronavirus (COVID-19). I am also not awaiting the result of any test which has already been submitted for the novel coronavirus (COVID-19).								
18.	Have you been vaccinated for Covid 19? If yes provide vaccination date below								
19.	Date of Administration of first Dose	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY				
20.	Date of Administration of Second Dose	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY				
21.	Date of Administration of Booster Dose	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY				
If NO , to any of the above questions please provide complete details.									

F. DECLARATION

I/We hereby understand and agree that no insurance coverage will commence until the risk is accepted and requisite premium has been paid to Star Union Dai-ichi Life Insurance Co. Ltd. and the Company conveys its written acceptance of this application for insurance cover. I/We further understand and agree that insurance cover provided to me/us shall be governed by the Master Policy Contract issued in favour of the Group Master Policyholder. I/We have not withheld any information that may influence my/our admission into this Group Credit Life Insurance Plan of Star Union Dai-ichi Life Insurance Co. Ltd. I/We hereby agree that this membership form including the declaration shall form the basis of my/our admission into the scheme. In case of any untrue statement contained therein, fraud or misstatement the policy will be treated in accordance with Section 45 of the Insurance Act 1938 as amended from time to time. I/We hereby authorize my/our employers/medical service providers, hospitals and statutory bodies and agencies to disclose and share the details pertaining to my/our health and financial status to the Company for assessing the risk acceptance or at the time of claim.

Signature / Thumb impression
of Main Applicant

OTP Verified:

Date: _____

Signature / Thumb impression
of Co-Applicant 1 / Guardian

OTP Verified:

Place: _____

Signature / Thumb impression
of Co-Applicant 2

OTP Verified:

Signature / Thumb impression
of Co-Applicant 3

OTP Verified:

G. SIGNATURE AND STAMP OF BANK OFFICIAL : This is applicable for all members who signed in vernacular language

I hereby declare that I have explained in the language understood by the proposed insured member and that he/she has understood the significance of the proposed insurance cover. This membership form has been signed in my presence.

Name of Bank Official _____

Signature of Bank Official _____

Stamp _____

H. AUTHORIZATION FOR CLAIM PROCEEDS BY THE GROUP MEMBER (ONLY IN CASE OF REGULATED ENTITIES)

I/We hereby confirm that I/We have taken a loan/ have an existing loan and I/We hereby authorize Star Union Dai-ichi Life Insurance Co. Ltd. to make the payment of claim amount to the extent of outstanding loan amount in favour of the Master Policyholder on happening of any contingent event and the balance amount, if any, be paid to my/our nominee. I/We understand and agree that this authorization made is full, complete and binding in nature and will form the basis of the contract.

Signature / Thumb impression
of Main Applicant

OTP Verified:

Date: _____

Signature / Thumb impression
of Co-Applicant 1 / Guardian

OTP Verified:

Place: _____

Signature / Thumb impression
of Co-Applicant 2

OTP Verified:

Signature / Thumb impression
of Co-Applicant 3

OTP Verified:

(Regulated Entities - Means the entity being defined as RBI regulated Scheduled Bank (including Co-operative Banks and Small Finance Banks), NBFC's with Certificate of Registration, National Housing Board regulated Housing Financial Companies, National Minority Development Finance Corporation (NMDFC) and its states channelizing Agency, Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies, Microfinance companies registered under section 8 of the Companies Act, 2013, Any other category as approved by the Authority).

SECTION 41 OF INSURANCE ACT 1938 as amended from time to time:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable with a penalty which may extend to ten lakh rupees

Provision of Section 45 of the Insurance Act 1938 as amended from time to time shall be applicable.

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email: customercare@sudlife.in • Website: www.sudlife.in

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