





	Applic	ation of Assignment	
Policy No: 21323213			Date: 16-01-2023
Policyholder Name: Mr 🗸 Miss	Mrs Mx Mohan Jago	lish Kumar	
Mobile No: 8765678987	Resident No:	Office No:	
Email Id: jagdishkumar@gmail.c	om		
, ,		communication. Self-Attested Address and I	ID Proof of Policyholder is mandatory document
Instructions: (Please read the below i	nstructions carefully)		
 As per CBDT guidelines, in case of in Reporting Standard (CRS) declaration. In case of partial assignment, liability assign or transfer the residual amount. PEP - Politically Exposed Person are politicians, senior govt. judicial or magnetic persons (would include spouse, pare. A policy that is partially assigned will or any other benefits payable under persons of assignment to an individual assignee is an unrelated third party. The full name, age, address and relation. The assignment of a policy shall auto. The Assignor hereby absolutely assignee to the Assignee for the value. In case of assignment in favor of a Signatory. The witness should be a major and control of the signatory. 	ndividual assignment, it is mandator n form. of the insurer shall be limited to the art payable under the same policy. individuals who are or have been extrailitiary officials, senior executives of ints, siblings, children, spouse's parent require joint discharge of the assignoicy conditions and as per the terms al, the assignor should submit KYC of conship of the assignee must be stated matically cancel any nomination madigns all the rights, title and interest in received. a Financial Institution/bank please at mpetent to contract. e any policy alteration or processing expressions.	mount secured by partial assignment and successive with prominent public functions ie; he govt. companies, important political party of some sor siblings and close associates of PEP's). It is a rand assignee for the policy loan, partial with and conditions of assignment. If the assignee. Proof of source of funds of the where the assignor is an individual. It is in the policy. The policy to the assignee and all other most affix a stamp of the Financial Institution/E	ct, 1874. nt Tax Compliance Act (FATCA)/ Common th policy owner shall not be entitled to further eads/ministers of central/state Govt., Senior officials, immediate family member of above thdrawal, surrender, maturity, survival benefit the assignee will also have to be submitted if neys thereby secured and benefits attached Bank and countersigned by the Authorized se of changes, No Objection is required for
Assignee Details :			
Name of Assignee: CHPFINANCE Address: UGF-1, Jeevan Vihar, Gro Mobile No: 180 05325 200			02269216969
Email Id: credit@1clickcapital.co	m		
Relationship with Assignee : Lender		(Eg	g: Parent/Child/Lender/Creditors/Guarantor etc
Assignee Type: Individua	al ✓ Financial I	nstitution/Bank/Trust	, , , ,
Are you a "Politically Exposed Person"	(PEP) ☐ Yes ✓ No		
Confirmation on FATCA/CRS Form sub	,		
Below mentioned details are mandator	y only if the absolute assignment has	been made to an individual and not to a Ins	stitution/Bank/ NA
Date of Birth : D D M M Y Y Y	Gender: Male	Female Nationality:	☐ Indian ☐ NRI
Occupation: Salaried	Business Student F	Professional Others	
Identity Proof: Passport	Pan Card Voter ID	Oriving License Others	

Address Proof: Passport

Ration Card Voter ID

Tel: +91 22 6165 8700 Fax: +91 22 6857 0600 Toll Free: 1800-209-8700

Others

Driving License

E-mail: customer.first@indiafirstlife.com Website: www.indiafirstlife.com Application of Assignment Form/V2/Oct 2020.







Endorsement on the poli	cy document signifying	assignment of bene	fits under the policy			
√ Assignor have received a s	um of Rs. 100000 (F	upees One Lakh) in consideration from the assignee	in consideration from the assignee for the assignment.		
Assignor have assigned the	e policy out of love and affec	tion and have not rece	ived any consideration from the assigne	e.		
Specify any other reason:						
I/We Mohan Jagdish Kumar the aforementioned policy num		cy issued by IndiaFirst	Life Insurance Co. Ltd hereby assign and	transfer all my rights, title and interest within		
	,		ě i	policy, the benefits as per the policy terms and ove payment shall be paid to my nominee.		
l understand that submission of	f this request shall be treated	as adequate notice of a	ssignment to the company.			
l have enclosed my original poli	cy document herewith for the	e assignment to be regi	stered.			
Notice of Assignment under S	Section 38 of the Insurance A	ct 1938 as amended fro	om time to time.			
 The assignor assigns absolute 	ely all the rights and interest	n the policy mentioned	above to the assignee.			
• The assignee named in the fo	rm will be recognised as the p	erson entitled to the be	enefits of the policy subject to the terms a	and conditions of assignment.		
Signed by: Prashant Shingade Reason: Loan Agreement by 1Click Capital eSigned using Aadhaar (digio.in) Date: 2023-01-19 16:00:42 IST				Signed by: Prashant Shingade Reason: Loan Agreement by 1Click Capital eSigned using Aadhaar (digio.in) Date: 2023-01-19 16:00:42 IST		
Signature of Assignor (po	licyholder)			Signature of Assignee		
Place: Mumba i	Date:1 6-01-2 0	23	Place: Mu m	Date:16-01-20		
Declaration by Witness:	and a second and the second	The singething (through	· · · · · · · · · · · · · · · · · · ·			
the date stated above after full	' '		o impression is of the assignor and assig	gnee and he/she has affixed it in my presence o		
my presence. (to be mentioned	d if the signature is in verna	_	assignee in English language and signe impression)	d/affixed thumb impression in		
Signed by: Prashant Shi Reason: Loan Agreemer eSigned using Aadhaar (Date: 2023-01-19 16:00:	ngade nt by 1Click Capital (digio.in) 42 IST					
Signature of Witn	ess					
Note: The Declarant identity should	d be easily established and he/s	ne should not be connecte	ed to insurer in any capacity.			
Name of witness: Pravin kum	ar		Relation	nship with Assignor & Assignee: Brother		
Address of witness: Powai Mu	umbai					
ace: Mumbai	Date:16-01-202	3				
For Official Purpose:						
Name & Signature of Branch	Official with Stamp	Place	Request Date	Request Time		
Enclosure: Original policy do	rument					