

 Max Life Insurance Company Limited Regd. Office : 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab, 144533 Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurugram - Haryana, 122002		Proposer/ Joint Life Attach Recent Photograph	Payor Attach Recent Photograph
Non Linked Proposal Form Proposal Number: 115974925 GO/CA/Broker Code: 481310			
Do you have a Max Life Insurance Policy or have currently applied simultaneous policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes give Policy/Proposal number			
Purpose of Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Child Future <input type="checkbox"/> Pension <input checked="" type="checkbox"/> Protection <input type="checkbox"/> Tax Benefit			
Objective of Insurance <input type="checkbox"/> E/E <input type="checkbox"/> MWPA <input type="checkbox"/> HUF <input type="checkbox"/> CEIP <input type="checkbox"/> Keyman <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Individual			
Product Solution _____		<input type="checkbox"/> Affinity Customer	<input type="checkbox"/> Existing Customer
A. PERSONAL DETAILS			
		PROPOSER/JOINT LIFE	<input type="checkbox"/> LIFE TO BE INSURED (if other than proposer)
1. Title		MR	
2. Name	First	Shubham	
	Middle		
	Last	Jain	
3. Father's / Husband Name	First	Sushil	
	Last	Kumar Jain	
4. Date of Birth		24/05/1994	
5. Gender		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
6. Nationality		<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National
Residence for Tax purposes in Jurisdiction(s) outside India: No (If Yes then FATCA & CRS-Self Certification Form to be mandatorily completed)			
7. Marital Status		Single	
8. Education		Graduate	
9. Relationship with Proposer/Joint Life		Self	
10. Industry Type		Others TEXTILE INDUSTRY	
11. Organisation Type		NA	
12. Occupation / Job Title		Salaried / PROCESS ENGINEER	
13. Name of entity / employer		SAGAR MANUFACTURER PRIVATE LIMITED	
14. Annual Income (Rs)		420000	
15. Is the Life to be Insured / Proposer / Joint Life / Nominee / Payor a Politically Exposed Person ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. NOMINEE DETAILS		Nominee 1 (Mandatory)	Nominee 2 (Optional)
a. Title		MS	MR
b. Name	First	RACHNA	Sushil
	Middle		Kumar
	Last	JAIN	Jain
c. Date of Birth		16/09/1966	20/03/1962

d. Gender	Female	Male	
e. Percentage	50 %	50 %	-- %
f. Relationship with Proposer/Joint Life	<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Parents <input type="checkbox"/> Other -----	<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Parents <input type="checkbox"/> Other ---	<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other -----
g. Appointee Full Name (if nominee is under age 18)			
h. Appointee relationship to Nominee			
i. Appointee Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
j. Appointee Date of Birth			

17. CURRENT RESIDENTIAL ADDRESS

House No./Apt. Name	C-33/3 Sheetal Kunj Near Aashi Medical		
Society Road/Area/Sector	Shahensha Garden Bhopal		
Landmark	Punjabi Bagh Gurudhwara		
Village/Town	City / District Bhopal		
Pin Code	462023	State / U.T. MADHYA PRADESH	Country India
Mobile # 1	9977887336	Mobile # 2 9893213836	STD Code Telephone #
E-mail ID	ShubhamJain0013@gmail.com		

18. PERMANENT RESIDENTIAL ADDRESS (optional)

House No./Apt. Name	C-33/3 Sheetal Kunj Near Aashi Medical		
Society Road/Area/Sector	Shahensha Garden Bhopal		
Landmark	Punjabi Bagh Gurudhwara		
Village/Town	City/ District Bhopal		
Pin Code	462023	State / U.T. MADHYA PRADESH	Country India

19. Preferred Mailing Address ☒ Current Residential ☐ Permanent Residential

20. Do you wish to hold this Policy electronically under e-insurance ? ☒ Yes ☐ No

a. e-Insurance Account No. (if available): and Insurance Repository name:

b. Preferred Insurance Repository you would like to have your e-Insurance Account ☐ CAMSRep ☐ Karvy ☐ CIRL ☒ NSDL

B. COVERAGE INFORMATION - Type of Coverage

a. Base Plan	Variant	Premium Back Option	Sum Assured/ Income Payout	Income Payout Frequency	Coverage Term	Premium Payment Term	Modal Premium	GST
Max Life Smart Secure Plus Plan	Life Cover	No	Rs 5000000.00	NA	47	32	Rs 646.05	Rs 116.29

b. Riders/ Optional Benefits	Premium Back Option	Sum Assured	Coverage Term	Premium Payment Term	Modal Premium	GST
Waiver Of Premium	No	Rs 646.05	32	Same as Rider Coverage Term	Rs 17.53	Rs 3.16

Modal Premium without GST* and Cess Rs 663.58 GST* and applicable Cess Rs 119.45 Total Premium Paid Rs 783.03

*GST shall comprise of CGST, SGST/UTGST or IGST (whichever is applicable) including cesses and levies, if any. All applicable taxes, cesses and levies, as per prevailing laws, shall be borne by you.

c. Death Benefit Option Life Cover d. Life Stage Benefit ☐ Yes ☒ No ☐ NA

Bonus Options (Not Applicable for plans that offer reversionary bonus)	<input type="checkbox"/> Paid to Policy holder	<input type="checkbox"/> Premium Offset	<input type="checkbox"/> Paid-up Addition
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2. NEFT BANK A/C DETAILS OF PROPOSER/ JOINT LIFE All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Max Life Insurance).

Bank Account Number:-	Account Holder's Name:-
MICR Code:-	IFSC Code:-

Bank Name & Branch:									
Type of Bank Account: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others									
3. PERMANENT ACCOUNT NUMBER (PAN)			AVNPJ4699N <input type="checkbox"/> Form 60		(for proposer/ joint life) <input type="checkbox"/> Form 60		(for insured)		
<i>TDS may be applicable, in accordance with Income Tax Act 1961, as amended from time to time.</i>									
4. MODE OF PAYMENT			Monthly						
5. RENEWAL PREMIUM BY			Cards						
6. SOURCE OF FUNDS			Salary						
7. IS PAYOR DIFFERENT FROM THE PROPOSER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
8. Are you a Max Life Agent Advisor or an employee of a Max group company/ Corporate Agents? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
9. DESIRED EFFECTIVE DATE OF POLICY 05/10/2022									
10. PREMIUM PAYMENT DETAILS									
Amount in Words: Seven Hundred Eighty Three									
Paid Rs: 783.03					Payment by Cards				
Cheque / Draft No. / Instrument No					Date: 05/10/2022 11:22:49 AM				
Bank Name and Branch:									

C. INFORMATION OF LIFE TO BE INSURED						Proposer/ Joint Life		Life to be Insured	
						Yes	No	Yes	No
1. Do you have any life or Critical Illness insurance policy issued, pending approval from any other insurance companies or has your application for Life/ Health/ Critical Illness insurance or its reinstatement ever been offered at modified terms, rejected or postponed ?						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Issued or Pending			LIFE: TOTAL Sum Assured:-		CI / DD: TOTAL Sum Assured:-				
<input type="checkbox"/> Offered at modified terms, rejected or postponed									
2. In the next 12 months you intend to travel or reside abroad other than on holiday of more than 4 weeks?						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you participate or do you intend to participate in any hazardous activities as part of your Occupation/ Sports/ Hobby? Details:						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted or are you under investigation for any criminal charges? Details:						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. FOR FEMALE LIFE TO BE INSURED									
Spouse Detail:		Occupation:	Income:	Insurance Amount:	Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes", how many months?		Do you have any complications related to pregnancy? <input type="checkbox"/>			If "Yes", give details:				
6. FOR MINOR LIFE TO BE INSURED (Age <18 yrs.)									
Parent's Annual Income:-					Parent's - Total insurance cover:-				

D. MEDICAL INFORMATION						Proposer/Joint Life		Life to be Insured	
						Yes	No	Yes	No
1. FAMILY HISTORY : Has any two (2) or more of your family members (Parents & Siblings) ever been diagnosed with Diabetes or Hypertension or Kidney Failure or Cancer or Heart Attack or any Hereditary Disorder before the age of 60 ?						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		Proposer			Life To Be Insured				
Height		cms	5 feet	11 inch	cms	feet	inch		
Weight		80 Kgs.			kgs.				
3. HAVE YOU EVER BEEN INVESTIGATED, TREATED OR DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS. If						Proposer/		Life to	

YES, PLEASE PROVIDE DETAILS : No	Joint Life		be Insured	
	Yes	No	Yes	No
i). Diabetes /High blood sugar levels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii). Hypertension/ High Blood Pressure, High Cholesterol or Thyroid disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii). Heart or vascular disorder including chest pain, stroke, heart attack or Angioplasty, CABG or any other heart surgery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv). Breathing or lung disorders including asthma, emphysema, tuberculosis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v). Liver or digestive system related disorder including jaundice ,gall bladder, pancreas or Hepatitis B/C.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi). Any abnormal growth like tumour,lump,cancer or blood disorder, including anemia or thalassaemia or Sexually transmitted disease (STD) including HIV or AIDS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii). Any kind of Kidney or bladder disorder, including kidney failure, renal stone, nephritis or prostrate disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii). Any neurological or mental health problem like paralysis, multiple sclerosis, Parkinson's, epilepsy, depression or anxiety.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix). Muscular-skeletal or joint disorders, including any kind of arthritis, gout, osteoporosis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x). Are you having history of any hospitalization, treatment or investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi). Have you advised now or in last 5 yrs tests like X-Ray/CT scan/MRI/ Ultrasonography/ ECG/Blood test or any other investigatory or diagnostic tests, or any type of surgery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xii). Have you ever been diagnosed with any form of internal or external congenital anomaly or defect i.e. any condition(s) which is present since birth, and which is abnormal with reference to form, structure or position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xiii). Have you had any genetic testing before?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. TOBACCO / ALCOHOL / DRUGS CONSUMPTION: Do you consume any of the following ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i). Tobacco (Smoking /Chewing) currently or even occasionally in last 1 year ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you smoking more than 20 cigarettes/ day or chew more than 10 sachet/day of tobacco ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Are you drinking any kind of liquor more than 3 days a week ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been advised to quit alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii). Are you taking drugs like Cannabis/Marijuana/Ecstasy/Heroin/LSD/Amphetamines or any other illegal drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. DECLARATION AND AUTHORISATION

DECLARATION BY PROPOSER/ JOINT LIFE

I/We hereby declare that I/We fully understand the meaning and scope of the Proposal form and the questions contained above and I am submitting the completed proposal form of my/our own volition, and confirm that I/We have not been induced by anyone to make the Proposal. I/We have been explained the nature of questions and the importance of disclosing all material information.

I/We further declare that all the statements and declarations herein shall be the basis of a contract between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the Proposal. I agree that in case of any fraud or misstatement, action will be initiated as per Section 45 of Insurance Act, 1938, as amended from time to time. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Proposal subsequent to the signing of this proposal and before acceptance of risk and issuance of the Policy by the Company. The first and subsequent year premium will paid out of legally acquired source of income. I will provide information as and when required by the Company, acting on its own or under any order or instruction received from Statutory Authorities, as regards to the sources of funds or utilizations or withdrawals. I agree that the Company may provide any information related to me as available to the Company at any time, to any Statutory Authority in relation to the any laws including the laws governing prevention of money laundering, applicable in the country. To enable the Company to assess the risk under my/our proposal or for any other purpose in relation to the policy,

I/we, my/our heirs, administrators or executors or assignees hereby authorize my past or present employer(s)/business association/medical practitioners /other agencies or governmental and/or any regulatory bodies, insurance repositories, CERSAI/ UIDAI, reinsurers / hospitals or diagnostic centres/ other insurance companies/ service providers to disclose and make available to the Company such details/records, as may be requested by the Company. I understand that I have disclosed my personal information with Max life and I hereby provide consent to Max Life to share, store my information with its authorized service providers for servicing this policy/proposal such as issuance, underwriting renewal and claims process with respect to this policy as per the regulation applicable from time to time. I/We submit the mandate to credit My / Our account towards all payments against the above policy and agree and understand that payouts would be processed through electronic mode of payment and will be affected at select cities as per facilities/ arrangements of Max Life Insurance. I/We authorize Max Life to send all communications by E-mail, SMS or any other communication mode. I/We agree to receive regular reminders, updates / alerts from Max life from time to time.

I do hereby certify that above stated information regarding the nationality and tax residential status is correct in all respects and may be used for all purposes, including reporting to statutory authorities & compliances, and understand that it is my responsibility to report the changes, if any, to Max Life within 2 weeks of occurrence of such change.

Signature / Thumb Impression / Electronic Signature of Proposer/ Joint Life

Place:- BHOPAL

Date:- 05/10/2022

VERNACULAR /ILLITERATE DECLARATION

(Declaration to be made by a person unconnected with Max Life Insurance Company Limited but whose identify can be easily established.) I hereby declare that I have fully explained the contents of this proposal to the proposer/Life to be Insured in _____ language, as understood by him/her and that the left thumb impression/signature of the proposer/Life to be Insured has been appended/affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer/Life to be Insured.

I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms.

_____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.

Name of the Declarant:

Address of the Declarant:

I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms.

_____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.

Signature / Thumb Impression / Electronic Signature of Declarant

Signature / Thumb Impression / Electronic Signature of Proposer/ Joint Life

DECLARATION BY PRINCIPAL OFFICER/AGENT ADVISOR/SPECIFIED PERSON

I _____ do declare and confirm that I have met and explained the Product features, benefits, premium paying term, nature of the questions contained in this Proposal form and other relevant terms and conditions to the Proposer and the Life Insured. I have also explained that the answers to the questions forms the basis of the contract of the Insurance between the Company and the Proposer / Life Insured, and if any untrue statement is contained therein and / or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or treat the policy voidable at the option of the Company subject to section 45 of the Insurance Act, 1938 as amended from time to time. I confirm that to the best of my knowledge the Life Insured does not suffer from any physical or mental abnormality or handicap or has / had been hospitalised, undergone any surgery or treatment, or he /she is involved in activities including any hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal. I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agent / corporate agent / specified person / broker prescribed by the Insurance Act 1938, as amended from time to time and any other regulation, circular, instruction issued by IRDAI from time to time. I confirm that I have verified the identity, current / permanent residential address of the Proposer/ Life Insured, the nature of his/her business and his / her financial status basis the Max Life AML moral hazard checklist.

Is this a Replacement Sale? If yes, I have adequately explained the consequences of replacement sale to the customer. ☐ Yes ☐ No

Relationship of Principal Officer/Agent Advisor/Specified Person with the Proposer/ Joint Life/ Life Insured

Name of Principal Officer/Agent Advisor/Specified Person

Principal Officer/Agent Advisor/Specified Person Code

Phone No. with STD Code

Date:-

Place:-

Signature / Thumb Impression / Electronic Signature of Principal Officer/Agent Advisor/Specified Person

Signature / Thumb Impression /Electronic Signature of Sales Manager

We Confirm that we have made joint efforts in soliciting the prospect and will be jointly responsible for performing the service related to the policy. We further confirm that the objective of sharing the commission is not for qualifying for any contest and/or reward & recognition programs of the company.

(Applicable only if more than one Agent Advisors share the commission.)

Name(S) of Principal Officer/AA/Spec Person	Principal Officer/AA/Spec Person Code	Principal Officer/AA/Spec Person's Signature	% Share

Important Notes:

(1) Any payment/s including initial payment accompanying this proposal, cash or by bearer instrument must be made at any of the Company's General Office only. (2) Crossed cheque or bank drafts must be made in favour of MAX LIFE INSURANCE COMPANY LIMITED ACCOUNT (Proposal No. as above) may be handed over to the Agent Advisor.(3) Receipt of the Completed Proposal and initial payment does not create any obligations upon the Company to underwrite the risk.The Company shall not be liable until it has underwritten the risk and issued the Policy. If the Policy is sent by post it shall be deemed to have been delivered to and received by you in the ordinary course within 3 (three) days of posting. We draw your attention to Section-39, 45 and 41 of the Insurance Act, 1938, which reads as follows -

Section 39: In case nomination facility is availed, section 39 of the Insurance Act, 1938 as amended from time to time shall apply.

Section 45: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, Insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.

Section 41: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.

CKYC Annexure

1. CENTRAL KYC REGISTRY | Know Your Customer(KYC) Application Form | Individual

Application Type:	NEW
KYC Number:	

2. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
Name(Same as ID proof)	Mr Shubham Jain			
Maidan Name(If any)				
Father/ Spouse Name	Sushil Kumar Jain			
Mother Name	Ms RACHNA JAIN			
Date Of Birth*	24/05/1994			
Gender	Male			
Marital Status	Single			
Nationality	Indian			
Resident Status	India			
Occupation Type	Salaried			

3.RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

Tax Identification number or Equivalent	
Country Code of Jurisdiction of Residence	
Place/City of Birth* :	Country Code of Birth :

4. PROOF OF IDENTITY/ADDRESS(Please refer instruction C at the end)

ID/Address proof name	Aadhar/UID Card
ID/Address proof Number	**** * 0122
ID/Address Expiry date	

5. PROOF OF ADDRESS(PoA)*

Address proof name	Aadhar/UID Card
Address Line1	C-33/3 Sheetal Kunj Near Aashi Medical
Address Line2	Shahensha Garden Bhopal
Address Line3	Punjabi Bagh Gurudhwara
City	Bhopal
State	MADHYA PRADESH
PIN	462023

Country	INDIA	
6. Address in the Jurisdiction details where Applicant is Resident Outside India for Tax Purposes		
Overseas Address		
7. Contact Details		
Mobile Number	9977887336	
Email -ID	ShubhamJain0013@gmail.com	
8. APPLICATION DECLARATION		
<ul style="list-style-type: none"> I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein immediately. In case of the above Information is found to be false or untrue or misleading or misrepresenting. I am aware that I am be held liable for it. I hereby consent to receiving information from Canral KYC Registry through SMS/Email on the above registered number/email address 		
Name/Date/Place		
Name of the applicant	Mr Shubham Jain	
Place	Bhopal	
Date	05/10/2022	
Proposal Form Annexure- Additional Questions Annexure		
	Proposer	Life to be Insured
Industry Type	Others TEXTILE INDUSTRY	
Defence/CRPF		
a. Are you currently posted in any sensitive/border location		
b. Your nature of job/role		
Aviation		
a. Exact Nature of duties		
b. If in Flying role what do you fly?		
Diving		
a. Are you a professional diver?		
Where do you dive?		
Oil and Natural Gas		
a. Are you based at offshore or your job involves travelling to offshore?		
Merchant Marine		
a. Type of vessel where working?		
Mining		
a. Does your role involves going inside any kind of mine?		
Have you ever had any illness related to your occupation?		
Nature of Duties/Business		
Are you/your Nominee a Politically Exposed Person (PEP)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If above Question "Yes" then answer below:		
a. Which of the following persons is PEP (Tick as applicable) <input type="checkbox"/> Life insured <input type="checkbox"/> Family member of life insured		
Specify:		
b. Please specify the extent of Political involvement:		
i. Political Experience (Years) :		
ii. Affiliation to Political Party :		
ii. Role in Political Party : <input type="checkbox"/> Social Worker <input type="checkbox"/> MLA <input type="checkbox"/> MP <input type="checkbox"/> Others		
iv. Portfolio Handled :		
v. Whether Party in Power : <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Whether the concerned PEP has ever been posted in foreign office/portfolio? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify:		

d. Please specify all sources of income of concerned PEP? :

e. Has the concerned PEP ever been convicted or is under any investigation for any crime punishable by 3 or more years of imprisonment? : ☐ Yes

☐ No

Specify:

Insurance History Annexure

Do you have any Life, Disability, Critical Illness or Health Insurance policy issued/pending/lapsed with or any other insurance company? ☐ Yes ☒ No

Has any proposal/reinstatement for life or health Insurance ever been refused, modified, postponed or offered with extra premium ? ☐ Yes ☒ No

Medical and Travel Questions Annexure

In next 12 months you intend to travel or reside abroad other than on holiday of more than 4 weeks ? ☐ Yes ☒ No

Countries to be visited:

Has any two (2) or more of your family members (Parents & Siblings) ever been diagnosed with Diabetes or Hypertension or Kidney Failure or Cancer or Heart Attack or any Hereditary Disorder before the age of 60 ? ☐ Yes ☒ No

Have you ever been investigated/diagnosed or treated for any of the following? No

Tobacco/Alcohol/Drugs Consumption: (In case you consume or have ever consumed) ☐ Yes ☒ No

Give Details :

COVID Questionnaire

Are you a NRI?	NO
Have you or your family member ever tested positive for COVID 19 or awaiting results of such test or currently been advised to be under quarantine due to COVID 19?	NO
Are you currently suffering from persistent cough, shortness of breath/fever/rinohrrea/sore throat /malaise/Gastro-intestinal symptoms such as nausea, vomiting, diarrhoea etc. or in last 14 days have you been in contact with the individual suspected or confirmed to have COVID 19?	NO
Have you travelled outside India, in the last 30 days or do you intend to travel outside India within next 3 months ?	NO
Are you working as a COVID warrior/ Health Care Worker (directly involved in service COVID diagnosed people/ Doctors/ Nurses/ Allied health care professional	NO