

ICICI Lombard Health Care Claim Form - Hospitalisation

(Issuance of this form is not to be taken as an admission of liability)



	Overview Health Claim Form	n - Hospitalization	
	Part A	To be filled	Requirement
A1	Self Declaration		-
A2	Self Declaration		
A3	Available in Policy Copy/ Employee details		
A4	Available in Policy Copy		
A5	Available in Discharge Summary	By insured/ insured	To track the policy and
A6	Self Declaration	relatives	other details of the insured
A7	Self Declaration		
A8	Available in Hospital Bills/ Self Declaration		
A9	Available in Hospital Bills		
A10	Checklist		
A11, Page end	Self declaration		
	Part B		
B1	Hospital Details		
B2	Doctor Details	To be filled by Hospital/	To track the hospital
B3	Patient details	Treating doctor	details and the treatment details related to the
B4	Treatment / Procedure Details		
B5	Required only for Retail/ Individual customers		patient admission
Page end	Hospital declaration		
	Part C		
C1	Patient's Name		
C2	Policy Number		
C3	Card No./UHID No.		For Electronic fund
C4	Group/ Company name	To be filled by Insured	transfer to the bank
C5	Claim number (if allotted)		account
C6	Mobile/ Contact no.		
C7	Provide any 1 document of proposer		
C8	As per bank pass book		
Page end	Account holder's signature		
C-KYC No.	Part D (Only for Retail/ Individual customers if claiming $>$ ₹	lakh)	
Yes	Please provide, if Central KYC (C-KYC) no. available:	To be filled by Insured	As per IRDA, C-KYC is mandate for claims greater than
		To be filled by filsured	Tor claims greater than ₹ 1 lakh
No	Please fill the C-KYC form		

	Documents Submitted			
S.No.	Document	Yes	No	Type of document
1.	Claim form duly filled	Y	N	Original
2.	Discharge Summary/ Daycare Summary	Y	N	Original
3.	Final Hospital Bill	Y	N	Original
4.	Payment Receipts	Y	N	Original
5.	Investigation Reports	Y	N	Original
6.	Pharmacy Bills	Y	N	Original
7.	Implant Sticker/ Invoice	Y	N	Original
8.	Doctor Prescriptions	<u>Y</u>	_N_	Photocopy
9.	Consultation Paper	Y	N	Photocopy
10.	Age Proof	<u>Y</u>	N	Photocopy
11.	Indoor Case Paper	_Y	N	Photocopy
12.	EFT (Copy of cancelled cheque/ self attested ID poof/ Bank attested copy	V	N	Dhatasan
	of passbook with IFSC code	Y	N	Photocopy
13.	Part D - C-KYC Form (Only for Retail/ Individual customers if claiming >₹ 1 lakh)	Y	N	Original
14.	Aadhaar Card Copy of the Proposer/ Employee (Mandatory)	Y		Photocopy
15.	PAN Card Copy of the Proposer/ Employee (Mandatory)	Y		Photocopy





ICICI Lombard Health Care Claim Form - Hospitalisation

ICICI Lombard Health Care

(Issuance of this form is not to be taken as an admission of liability)

ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS. REFER TO PART C.

Do You Know

- * Non-submission of original bills and receipts is the main reason for delay in claim settlements. Please provide the originals & mandatory documents
- ★ To receive update on your claim status, provide your mobile no. & E-mail ID
- ★ You can track your claim status at: www.icicilombard.com→Claims→Health Claims→Services→Track your claims

	be filled by Insured)	
TO BE FILLED IN CAPITAL LETTERS ONLY A1. Type of Claim: Main Hospitalisation Expenses Pre & Post	t Hospitalisation Expenses Cashless Obtained: Yes	No
A2. Details of the Insured person in respect of whom claim is made		
Name of the Patient:		JJ
Card No./ UHID of the Patient:		
Gender: Male Female Date of Birth: DD/M	Completed age: Years Months	
Occupation: Service Self Employed Homemaker Stu		
Are you previously covered by any other Mediclaim/ Health Insu		
Current residential address:		
	J City:	
State:	Pin code:	
Mobile noLandline no		
E-mail:		
A3. For Group/ Corporate Policy	For Individual/Retail Policy (*Ma	ndatory)
Member ID No./ Employee ID (Client ID):	*Claim Intimation Service Request no.:	
	Is this a renewal policy: Yes No	
Group/ Company name:	If Yes, kindly mention your previous policy no.:	
A4. Name of the Proposer*/Employee:		
Aadhaar No. of the Proposer*/Employee:	PAN No. of the Proposer*/Employee:	
Relationship with Proposer*:	(*Policy Holder. For Retail policy, Proposer name required. For Corporate policy, provide Emp	loyee name)
Current Policy No.:	Card No./ UHID:	
A5. Nature of disease/illness contracted or injury suffered for whi		
,,		
Name of hospital where admitted:		
Room category occupied: Day care Single occupancy Tw	vin sharing 3 or more beds per room Others	
Date of Admission: D] D] / M] M] / Y] Y] Y] Time: H] H]	Date of Discharge: D]D]/M]M]/Y]Y]Y] Time: H	H]: M] M]
Date of injury sustained or disease/ Illness first detected:		
If Injury, give cause: Self inflicted Road traffic accident Sul		
	MLC Report & Police FIR attached: Yes No (If yes, attach report)	
System of Medicine:		
	ncident? Yes No If yes, provide AL/Claim No	
	o If yes, provide policy no	
	Date of commencement of first Insurance without break:	
	tract: Y Date: DD/MM/YYYY Dignosis:	
	ttached bills with any other Insurance company: If yes, attach settlement le	
, , , , , , , , , , , , , , , , , , , ,		
A8. Details of Claim	Sum Insured: ₹	
a) Details of the treatment expenses claimed		
i. Pre-hospitalization expenses: ₹	ii. Hospitalization expenses: ₹	
iii. Post-hospitalization expenses: ₹	iv. Health-check up cost: ₹	
v. Ambulance charges: ₹	vi. Others : ₹	
	Total: ₹	
vii. Pre-hospitalization period Days	viii. Post-hospitalization period:	

c) Details of lump sum/ cash benefit claimed:	No No No			details in annexure)				
i. Hospital daily cash: ₹		J_J_		ii. Maternity:	₹			
iii. Critical illness/PA/Donor Expenses: ₹	J]] i	v. Convalescence:	₹			
v. Pre/ Post hospitalization lump sum benefit: ₹			_\	ri. Others:	₹			
A9. Details of the amount claimed			-	• • • • • • • • • • • • • • • • • •	` -			
Bill heads (as applicable)		Ri	II number	Bill date	Bills attached	Amo	unt	
Room rent			ii iiuiiiboi		V N	₹]]		
Doctors consultation/Visit charges					YN	₹]]		
Investigation charges (Includes Radiology and Pathology repo	rte)				Y N	₹		<u> </u>
Surgeon and Asst. surgeon charges	1137				YINI	₹]]		
Anesthetist charges & Operation theatre charges					V N	₹	<u> </u>	
Equipment charges / Procedure charges					V N	₹		
Cost of implant (If any)					Y N		<u> </u>	
	hlaa\	-			Y N	₹		
Medicine charges (Includes ward and OT medicines and consumal	Dies)			D D M M Y Y	Y N	₹	<u> </u>	
Pharmacy charges		-			Y N	₹	<u> </u>	
Taxes/Surcharges/Service charge		-			Y N	₹		
Miscellaneous/ Other charges					Y N	₹	<u> </u>	<u> </u>
Pre hospitalization bills (If any)		-			Y N	₹	<u> </u>	
Post hospitalization bills (If any)		-			Y N	₹	<u> </u>	
Discount provided by hospital (If any)		<u> </u>			Y) N	₹	<u> </u>	
Total claimed amount (In ₹) (Total claimed amount should be equal to	to the am	ount in a	tached bill docu	ments)		₹		
MANDATORY : COPY OF AADHA	AR CA	RD AN	ID PAN CAI	RD ARE REQUIRED	FOR ALL CLA	IMS		
A10. In support of the above claim, I enclose following do	cument	ts in or	iginal (Please	indicate by ticking i	n the Yes/ No c	olumn below)		
Type of Document(s) - *Mandatory	Yes	No	i e	indicate by ticking in cument(s) - As Appl		olumn below)	Yes	No
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed*	1		Type of Do 9. Age proc	cument(s) - As Appl of (Driving License/ PAN	icable		Yes	No
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee*	1		Type of Do 9. Age proc	cument(s) - As Appl	icable		Yes	1
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee*	1	No N	Type of Do 9. Age prod 10. Part - C (11. ICICI Lor	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation	icable card/ Passport/ Aa n Letter	adhaar copy)*	<u>ү</u> <u>ү</u> <u>ү</u>	N N
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary*	Yes Y Y Y Y		9. Age proc 10. Part - C (11. ICICI Lor 12. Implant	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation Iname and invoice (if an	icable card/ Passport/ Aa n Letter	adhaar copy)*	Yes	1
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)*	Yes Y Y Y Y Y	No N	Type of Do 9. Age proc 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation In name and invoice (if an ase Papers	icable card/ Passport/ Ai n Letter y) with implant st	adhaar copy)*	Y Y Y Y Y Y	N N N
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills*	Yes Y Y Y Y Y	No N	Type of Do 9. Age proc 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C 14. Prescript	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* inbard GIC Authorisation name and invoice (if an ase Papers ion papers/ Consultatio	icable card/ Passport/ Ai Letter y) with implant st	adhaar copy)* ticker	<u>ү</u> <u>ү</u> <u>ү</u>	N N
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills* 7. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE)	Yes Y Y Y Y Y	No N	Type of Do 9. Age proc 10. Part - C (11. ICICI Lor 12. Implant (13. Indoor C 14. Prescript 15. C-KYC F(cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation name and invoice (if an ase Papers ion papers/ Consultatio DRM (Only for Retail/Individual	icable card/ Passport/ Ai Letter y) with implant st	adhaar copy)* ticker	Y Y Y Y Y Y Y	
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills* 7. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE) 8. Medicine/ Pharmacy bills with doctors prescription*	Yes Y Y Y Y Y Y Y Y Y Y Y Y Y	No N N N N N N N N N N N N N N N N N N	Type of Do 9. Age proc 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C 14. Prescript 15. C-KYC F(16. Others (c)	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation Iname and invoice (if an ase Papers ion papers/ Consultatio DRM (Only for Retail/Individed	icable card/ Passport/ Ai n Letter y) with implant st n papers lual customers, clain	adhaar copy)* ticker ning > ₹ 1Lakh)	Y Y Y Y Y Y	N N N
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills* 7. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE)	Yes Y Y Y Y Y Y X Y X Y X Y X Y X X	No N N N N N N N N N N N N N N N N N N	Type of Do 9. Age proc 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C 14. Prescript 15. C-KYC F(16. Others (c) Can film, MRI S	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation Iname and invoice (if an ase Papers ion papers/ Consultatio DRM (Only for Retail/Individedatails) can film, etc. are not requi	icable card/ Passport/ Ai n Letter y) with implant st n papers lual customers, clain	adhaar copy)* ticker ning > ₹ 1Lakh) s only	Y Y Y Y Y Y Y	
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills* 7. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE) 8. Medicine/ Pharmacy bills with doctors prescription* Please attach all the documents as per above serial number. Films lill A11.Please provide the reason for delay in submitting	Yes Y Y Y Y Y Y X Y X Y X Y X Y X X	No N N N N N N N N N N N N N N N N N N	Type of Do 9. Age proc 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C 14. Prescript 15. C-KYC F(16. Others (c) Can film, MRI S	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation Iname and invoice (if an ase Papers ion papers/ Consultatio DRM (Only for Retail/Individedatails) can film, etc. are not requi	icable card/ Passport/ Ar n Letter y) with implant st n papers lual customers, clain red. Provide reports	adhaar copy)* ticker ning > ₹ 1Lakh) s only	Y Y Y Y Y Y Y	
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills* 7. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE) 8. Medicine/ Pharmacy bills with doctors prescription* Please attach all the documents as per above serial number. Films lil A11.Please provide the reason for delay in submitting (Post 30 days from Date of Discharge)	Yes Yes Y Y Y Y Y Y Y Y Y Y Y Y Y	No N N N N N N N N N N N N N N N N N N	Type of Do 9. Age prod 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C 14. Prescript 15. C-KYC F(16. Others (c) Scan film, MRI S ts Ind correct to other spect to ance comparwhom this c	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation mame and invoice (if an ase Papers ion papers/ Consultatio DRM (Only for Retail/Individed tails) can film, etc. are not required. Provide Description of the best of my knowled to the best of my knowled to questions asked in my, to seek necessary laim is made. I hereb	icable card/ Passport/ Ai n Letter y) with implant st n papers lual customers, clain red. Provide reports letails (If Applic ledge and belief n relation to this medical inform y declare that I	adhaar copy)* ticker ning > ₹ 1Lakh) s only tible f. If I have made a s claim, my rig ation/ documen have included a	y y y y y	se or laim any
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary* 5. Hospital bills, Final/ main hospital bill and other bills (if any)* 6. Hospital payment receipt & other receipts supporting bills* 7. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE) 8. Medicine/ Pharmacy bills with doctors prescription* Please attach all the documents as per above serial number. Films lil A11.Please provide the reason for delay in submitting (Post 30 days from Date of Discharge) Declaration by the Insured: I hereby declare that the information furnished in this claim untrue statement, suppression or concealment of any m reimbursement shall be forfeited. I also consent and author hospital/ Medical Practitioner who has attended on the permitted in the series of the permitted in the permitte	Yes Yes Y Y Y Y Y Y Y Y Y Y Y Y Y	No N N N N N N N N N N N N N N N N N N	Type of Do 9. Age prod 10. Part - C (11. ICICI Lor 12. Implant 13. Indoor C 14. Prescript 15. C-KYC F(16. Others (c) Scan film, MRI S ts Ind correct to other spect to ance comparwhom this c	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation mame and invoice (if an ase Papers ion papers/ Consultatio DRM (Only for Retail/Individed tails) can film, etc. are not required. Provide Description of the best of my knowled to the best of my knowled to questions asked in my, to seek necessary laim is made. I hereb	icable card/ Passport/ Ada n Letter y) with implant st n papers lual customers, claim red. Provide reports Details (If Applic redge and belief, n relation to this medical inform y declare that I st-hospitalization	adhaar copy)* ticker ning > ₹ 1Lakh) s only tible f. If I have made a s claim, my rig ation/ documen have included a	y y y y y	se or laim any

▲ Your Claim details are just an SMS away, Please SMS <KEYWORD> to 57 57 58

Part - B (To be filled by Treating Doctor/ Hospital only)

B1. Details of the Hospital/Nursing home in which treatment was taken	
Name of the Hospital/ Nursing home:	
Address:	
City: State: State:	
Pincode: Telephone no.:	Mobile no.:
ROHINI ID*:	Non Network If Non Network, provide below details
Facilities available in the hospital: OT: Y N ICU: Y N) Number of inpatient beas
B2. Details of the attending Medical Practitioner/ Doctor/ Treating Physician or Surgeon	
Name:	
Qualification: Registration no:	
Telephone no.: Mobile no.:	
B3. Details of the patient admitted	
Name of the patient:	
IP Registration no.: Gender: _MF Age:Years	Months Date of Birth: DDMMYYYY
Date of Admission: DD / MM / YYYYY Time: HH: MM Date of Discharge:	DD/MM/YYYY Time: HH:MM
Type of Admission: Emergency Planned Day Care Mate	ernity
Type of Treatment: Surgical Procedure Multiple Surgical Procedure Medical Treatm	ment
If Maternity, Date of Delivery: DD/MM/YYYY Gravida Status: G DP	• _A _L _
Premature Baby: Yes No	
Status at time of discharge: Discharge to home Discharge to another hospital	Deceased
Total claimed amount: ₹	
B4. Details of the procedure	
Pre-authorization obtained: Yes No If yes, Pre-authorization No.:	
If authorization by network hospital not obtained, give reason:	
Date of injury sustained or disease/illness first detected:	
If Injury, give cause: Self inflicted Road traffic accident Substance abuse/Alcohol of	consumption Others
If Medico legal: Yes No Reported to police: Yes No MLC Report & Police FIR atta	ached: Yes No (If yes, attach report)
FIR no If not reported to Police, give reason:	
If injury due to substance abuse/alcohol consumption, test conducted to establish this: Yes	No (If yes, attach report)
B5. This section is mandatory only if your health policy is not provided by your employe	er
A) Diagnosis (ICD 10 Code primary & additional dignosis)	
i) Primary diagnosis (with ICD 10 code)	
ii) Additional diagnosis (with ICD 10 code)	
iii) Procedure diagnosis (with ICD 10 PCS code)	
B) Nature of surgery/ treatment given for present ailment	
C) Date of first consultation (Prior to hospitalization)	
D) Presenting complaints of the patient during admission	
E) Past medical history of the patient along with duration of illness (If yes, attach first & all past consultation paper)	
F) Was the patient under influence of alcohol during admission	
G) Whether the present treatment ailment is a complication of pre-existing disease?	
i) If yes, please specify the disease (or) complication of any previous surgery done?	
ii) If yes, please specify the details	
H) Whether the disease/ disorder is congenital in nature?	
Number of in-patient beds in the hospital (including ICU)	
Declaration by the hospital	
We hereby declare that the information furnished in this Claim Form is true & correct to the I	-
false or untrue statement, suppression or concealment of any material fact, our right to clain	n under this ciaim shall de toffeited.
Registration No. of Hospital	[V] V]
(Rubber stamp of the hospital) Date: DD / MM / YYY D As per the policy Terms and Conditions, the Company reserves its right to have the Insured examined	
no per the policy reinio and conditions, the company reserves its fight to have the insuled examined	a by a about appointed by it for verification of diagnosis.



Part - C - NEFT Form (For Direct Electronic Fund Transfer)

ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS.

(in respect of whom claim is made):					
C2. Policy Number:					
C3. Card No./ UHID No.					
C4. Group/Company Name (for Group/Corporate policy holders):					
C5. Claim Number (if allotted): C7. Email:	C6. Mobile	/ Contact No.	:		
C8. As per IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014,	Proposer's/ p	olicy holder's	bank acco	ınt details are	mandatory to process the
claim through EFT.					
Please provide ANY ONE of the below documents of proposer/po	licy holder-				
Please provide a self-attested copy of a valid Identity proof of the	ne Proposer/Po	olicy holder (pro	vide any of the n	nentioned documen	nts in Proof of Identity under Part-D)
Cancelled cheque copy					
Bank attested copy of Passbook with IFSC code					
C9. Please provide the below details (all fields are compulsory)					
- ,	rdo):				
 Proposer (policy holder)/ Employee name*(as per bank reco 	ius)				
 Proposer (policy holder)/ Employee name*(as per bank reco Proposer/ policy holder Bank account no.: 					
	J J J		 		
Proposer/ policy holder Bank account no.:					
 Proposer/ policy holder Bank account no.: Name of the bank: 					
 Proposer/ policy holder Bank account no.: Name of the bank: Branch name: 					
 Proposer/ policy holder Bank account no.: Name of the bank: Branch name:)	J J J J J J J J J J J J J J J J J J J	s per the provided	cheque leaflet)

*Proposer/ Policy holder is the person who has paid premium for the policy.

For Retail policy, Name & Account details of Proposer required. For Corporate policy, Employee Name & Account details required.

Terms and Conditions for Payments through RTGS/NEFT

- 1. The details provided by the Proposers/policy holder in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- 2. The RTGS/NEFT facility shall be effective for the respective Proposer(s)/policy holder within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/NEFT facility.
- 3. The Proposer/policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/policy holder Accounts No. on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/ inaction/ failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- 4. The Proposer/ policy holder agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. ICICI Lombard General Insurance Company Ltd. May sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Proposer/policy holder may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The notice of, such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414. Veer Savarkar Marg. Near Siddhi Vinayak Temple. Prabhadevi. Mumbai 400025.
- 6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/ policy holder
- 7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
- 8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Proposer/policy holder shall be deemed to have accepted the changed Terms and Conditions.
- 9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- 10. Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Proposer/policy holder.
- 11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 12. I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Proposer/ policy holder through any other source.
- 3. I/We agree that my/ our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Proposer/ policy holder.

Account Holder's Signature



Part D - Know Your Customer (KYC) With reference to IRDAI Circular No. IRDAI/SDD/MISC/CIR/135/07/2016, KYC details are required for Individual/ Retail policy holders, if the total claimed amount exceeds ₹100,000 CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual Important Instructions: A) Fields marked with '*' are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. B) Please fill the form in English and in BLOCK letters. G) KYC number of applicant is mandatory for update application. C) Please fill the date in DD-MM-YYYY format. H) For particular section update, please tick (\checkmark) in the box available before the D) Please read section wise detailed guidelines / instructions at the end. section number and strike off the sections not required to be updated. To be filled by Proposer: Application Type* ☐ New ☐ Update KYC Number (Mandatory for KYC update request) If KYC Number is not available, please fill this Central-KYC (C-KYC) form 1. PERSONAL DETAILS (Please refer instruction A at the end) Middle Name Prefix First Name Last Name ☐ Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* **РНОТО** Gender* M- Male F- Female ☐ T-Transgender Marital Status* Married Unmarried Others Citizenship* Others (ISO 3166 Country Code ☐ IN- Indian Residential Status* ☐ Resident Individual ■ Non Resident Indian ☐ Foreign National Person of Indian Origin ☐ S-Service (☐ Private Sector ☐ Government Sector) Occupation Type* ☐ Public Sector ☐Student) \square O-Others (\square Professional ☐ Retired ☐ Housewife ☐ Self Employed □ B-Business ☐ X- Not Categorised 🔲 2. TICK IF APPLICABLE 🗌 RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end) ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked) ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* ISO 3166 Country Code of Birth* 3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end) (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted) A- Passport Number Passport Expiry Date B- Voter ID Card C- PAN Card □ D- Driving Licence Driving Licence Expiry Date ☐ E- UID (Aadhaar) ☐ F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number S- Simplified Measures Account - Document Type code **Identification Number** 4. PROOF OF ADDRESS (PoA)* 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of arry of	ile of the following i fool of Address [i	OAJ Needs to be submitted)			
Address Type*	Residential / Business	Residential	Business	Registered Office	Unspecifie
Proof of Address*	☐ Passport ☐ Voter Identity Card ☐ Simplified Measures Accoun	☐ Driving Licence ☐ NREGA Job Card t - Document Type code	UID (Aadhaar) Others	please specify	
Address					
Line 1*					
Line 2					
Line 3			City / To	own / Village*	
District*	Pin / F	Post Code*	State / U.T Code*	ISO 3166 Count	ry Code*

=	E / LOCAL ADDRESS DETAILS * (Please see i		
Same as Current / Perma	anent / Overseas Address details (In case of mu	multiple correspondence / local addresses, please fill 'Annexure A1')	
Line 1*			
Line 2			
Line 3		City / Town / Village*	
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*	
		TIS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked	ed)
_	anent / Overseas Address details	Same as Correspondence / Local Address details	
Line 1*			
Line 2		0' /T //W +	
Line 3		City / Town / Village*	
State*		ZIP / Post Code* ISO 3166 Country Code*	
☐ 5. CONTACT DETAILS	(All communications will be sent on provided		
Tel. (Off)	— Tel. (Res)		
FAX	— Email ID		
☐ 6. DETAILS OF RELAT	FED PERSON (In case of additional related pe	persons, please fill 'Annexure B1') (please refer instruction G at the end)	
Addition of Related Person	Deletion of Related Person	KYC Number of Related Person (if available*)	
Related Person Type*	☐ Guardian of Minor ☐ Assig	·	
Nama*	Prefix First Name	Middle Name Last Name	
Name*	(if 10/0 must be and a super and a super ideal ball		
	(if KYC number and name are provided belo		
PROOF OF IDENTITY [Pol	I] OF RELATED PERSON* (Please see instruction (n (H) at the end)	
A- Passport Number		Passport Expiry Date DDDDMMDVYYYY	
☐ B- Voter ID Card			
C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY	
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card			
	nt notified by the central government)	Identification Number	
· -	s Account - Document Type code	Identification Number	
7. REMARKS (If any)	Mobile r	e no. / Email-ID (Please refer instruction F at the end)	
8. APPLICANT DECL			
	nished above are true and correct to the best of my knowledge ar If the above information is found to be false or untrue or misleadin		
for it.			
_	nation from Central KYC Registry through SMS/Email on the above		
Date: DDD-MM-	Y Y Y Y Place :	Signature / Thumb Impression of Applicant	
9. ATTESTATION / FO	OR OFFICE USE ONLY		
Documents Received	Certified Copies		
KYC VER	IFICATION CARRIED OUT BY	INSTITUTION DETAILS	
Date		Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			

CENTRAL KYC REGISTRY | Instructions / Checklist / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (🗸) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

ay i	be membried in point 5 (3).	
	Document Code	Description
	01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities,
		Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
	02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code
•	Code	•	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP
Andhra Pradesh	AP	Jammu & Kashmir	JK
Arunachal Pradesh	AR	Jharkhand	JH
Assam	AS	Karnataka	KA
Bihar	BR	Kerala	KL
Chandigarh	CH	Lakshadweep	LD
Chattisgarh	CG	Madhya Pradesh	MP
Dadra and Nagar Haveli	DN	Maharashtra	MH
Daman & Diu	DD	Manipur	MN
Delhi	DL	Meghalaya	ML
Goa	GA	Mizoram	MZ
Gujarat	GJ	Nagaland	NL
Haryana	HR	Orissa	OR
-			

Code
PY
PB
RJ
SK
TN
TS
TR
UP
UA
WB
XX

List of ISO 3166 two- digit Country Code

Manus	Country	Country	Country	Country	Country	Country	Country	Country
About Blands		Code		Code		Code		Code
Agent								
Algerina QZ El Sandoris Glosses QZ Marce management MZ Sea Martine MZ Annobrana AS Fasistical Glosses QZ Misception, Use former Nagotive Regulation MX Sont Processing MZ Angelia AD El Sanis El Missignezer MI Sont Processing MX Sont Processing MX Angulla AD El Tolico MI Missignezer MI Service AS Angulla AD Chickyan T Malida MW Service Income MX Agentinis AB Faren Colland MI Faren Colland MI Malida MI Service College MI Australia AB Fernic Miscensia FF Malida MI Service College MI Australia AB Fernic Miscensia FF Malida MI Service College MI Australia AB General Glosse FF Malida Malida MI Security College <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
American								
Agent	Algeria				Luxembourg		San Marino	SM
Machigan	American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Angulla All Inhopos ET Malawi MFW Sorials B C Anterscien AG Falsen Bishnd, Mikhiwins FX Mishigai MY Servations SC Antegan and Barbodia AG Fance bishndh FX Mishigai MY Servations SC Anterial AG France R Maria Mishigai MY Servation (Long Interior) X Anterial AG France R Maria Mishigai MH Sovovida X Anterial AG Franch Column G Mishigai MH Sovovida X Barbaria AC Franch Southern Territories FT Marianta MU South Africa D Barbaria AC Grenich Southern Territories G Mishigai MW South Africa S Barbaria B Georgia G C Mishigai MW South Africa S S B	Andorra	AD	Eritrea			MK	Saudi Arabia	
Arbatrotiche Adentifolish (Marbor) (American American and Marbor) (American American Ame								
Antigon and Rahrudon AG Favor Islands FAG Misal FIG Mulai Misal Misal Misal Misal Misal Misal MIS Sierra Leonere SS Americalia AM Finding R Mulai Misal MIS Sierra Leonere SS Americalia AM Finding R Mulainal Stands MIS Sierra Leonere SS Australia AT Fernich Oligana FF Mulainal Stands MIS Solomon Islands SB Bachana BS Galdon Miss Mulaina MI Solomon Islands SB Bangdadeth BS Georgia CE Microensis, Federated States of FM Guill, African SB Belands BF Coltage CE Microensis, Federated States of FM Guill, African SB Bernalds BF Coltage CE Microensis, Federated States of FM Guill, African SB Berlands BF								
Agentinats ARI Fijind Fijind Fijind Mail Multa Sineppore Singapore	Antarctica						Seychelles	
Ameneals AMI Finland FIR Marba MT Sint Maarfeen (Ducth party) SX Anabals AWI Finende Guillan FR Marbrial (Saland) MI Solvensiands SX Alachraigian AZ French Southern Ferritories FR Marbrial (Saland) MI Solvensiands SX Baharan BS Gabron Gabro Marbrial Marbrial SOL South Africas ZA Baharan BS Gabron CB Marbrial Marbrial MX South Africas ZA Baharan BO Georgia CB Memorals, Selection MX South Africas MX Bellands BO Georgia CB Memorals MX South Africas MX Bellands BY Ghana CB Memorals MX South Africas MX Bellands BY Ghana CB Memorals Medicion, Republic of MX South Africas MX MX	Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Ausba AW France FR Marbrillogue MH Soviation SX Australia AU French foliuma GF Martifunde MQ Sovemba SX Australia AU French foliuma FR Martifunde MR Soldmenn Martifunde SX Barbaria SX Galon GR Mayorte YT South-Africa 2.8 Barbaria SX Galon GR Microenesis, Federated States of FX South-Africa 2.8 Bargladesh BD Georgia GE Microenesis, Federated States of FM South-South Georgia and the South Sandwich SS Belgiam BE Gibrillar GI Microenesis, Federated States of FM South-South Georgia and the South Sandwich SS Belgiam BE Gibrillar GI Microenesis, Federated States of FM South-South Sandwich SS Belgiam BE Gibrillar GI Montenerg ME Suriama SU	Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Australia	Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Australia		AW		FR	Marshall Islands			SK
Austria	Australia		French Guiana		Martinique		Slovenia	SI
Acethagian								
Baharine B/I Gambia GA Mayorte T South Aerolis and the South Sandwine ZA Balarine B/I Gambia GF Misceneria, Federated States of MX MX South Georgia and the South Sandwine GS Balarius B/I Germany GE Misceneria, Federated States of MD MC Gi I and a MD SS Belanus B/I Gaman GH Monisore MC Gi I and a MD SS Belgium B/I General GR Monisore MR Southard off Manage SS Bellina B/I General GR Monisore MR Southard and Jan Mayor SS Bermad B/I General GR Monisore Monece MR Southard and Jan Mayor SS Bermad B/I General GR Monisore Monece MR Miscental January MR								
Barbardon								
Barbadoc B								
Barbados	Bahrain	ВН	Gambia	GM	Mexico	MX	9	GS
Belgium	Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Belgium BE Gloraltar GI Mongolia MN Sudam SD Beline BZ Greece GR Montenegro ME Surhamam SR Benin BJ Greenland GL Monterrat MS Swalbard and Jan Mayen SJ Butan BT Germada GL Monterrat MS Swalbard and Jan Mayen SJ Bhutan BT Germada GL Monterrat MS Swalbard and Jan Mayen SJ Bhutan BT Germada GL Monterrat MR Syrian Anda Republic CH Books GL Gustemala GL Gustemala MB Syrian Anda Republic of CH Bordian BL Gustemala GL Gustemala CH Mayer Tiplicar TI Bordian BL Gustemala GL Gustemala GL Mayer Tiplicar TI Bordian BL Gustemala GL G	Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belgium BE Gloraltar GI Mongolia MN Sudam SD Beline BZ Greece GR Montenegro ME Surhamam SR Benin BJ Greenland GL Monterrat MS Swalbard and Jan Mayen SJ Butan BT Germada GL Monterrat MS Swalbard and Jan Mayen SJ Bhutan BT Germada GL Monterrat MS Swalbard and Jan Mayen SJ Bhutan BT Germada GL Monterrat MR Syrian Anda Republic CH Books GL Gustemala GL Gustemala MB Syrian Anda Republic of CH Bordian BL Gustemala GL Gustemala CH Mayer Tiplicar TI Bordian BL Gustemala GL Gustemala GL Mayer Tiplicar TI Bordian BL Gustemala GL G	Belarus	BY		GH			Sri Lanka	LK
Beltine 82 Greece GR Montemetry ME Surhame SR Bemude BM Generaland GD Monotecon MA Svabad and Jan Mayen SI Bhrund BT Guedeloupe GP Monotecon MA Swazilland SE Bollvia, Pubriast onal State of BO Guardeloupe GP Monothic MM Swazilland SE Bonika and Herzegovina BA Guernage GP Monothic NA Sylan Ana Republic CH Borosia and Herzegovina BA Guernage GN Napura NR Talavan, Province of China TW Botavana BW Guinea-Bissau GN Napura NR Talavan, Jurisde Republic of TI Boute Island BW Guinea-Bissau GN Napura Napura Talavan, Jurisde Republic of TI Burbin Jadis no Cean Pertitory BM Beard Island and McConald Islands HM Nicaragua NI Timunata Ni Timunata								
Benind BJ Greenland GL Montserrat MS Sulbard and Jan Mayen SJ Bermuda BM Grenada GD Morrocco MA Swadiand SZ Bhutan BT Guadeloupe GP Mozambique MZ Sweden SE Bholisa, Planifact and State of BO BO Guadeloupe GU Myamara MM Switzerland CH Bonila and Heregrowina BR Guirnes GU Myamara MA Syrian Arab Republic of CH Botwaria GP Guirnes GU Namural NP Tajkitatin TM Botwaria GP Current SS Anaural NP Tajkitatin TM Botwaria GP Marcandia NP Tajkitatin TM TM TM TM TM TM TM </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Bermund								
Butan								
Bolivinat roal State of BO Guarm GU Myammar MM Switzerland CH								
Bonairs, Int Eustatius and Saba BQ Guernale GT Namibia NA Syrian Anz Republic SY Bonsin and Herregovina BA Guernace GG Nauru NR Taiwan, Province of Clina TW Bouwet Island BY Guinnea-Bissau GW Nepal NL Tanzania, United Republic of TZ Brazil BY Guinnea-Bissau GW New Caledonia NL Tanzania, United Republic of TZ Brazil BY Guyana GY New Caledonia NL Tanzania, United Republic of TZ Brazil BY By Hoard Island and McDonald Islands HM Nicargua NL Topo TT Brushina BS Hong Kong HK Nicer NE Tokelu TX Brushina Faco BF Hong Kong HK Nicer NE Tokelu TX Brauch BY Hong Kong HK Nicer Number Nama NE Tokelu TX Brushina								
Bostia and Herregovina BA Guerney GG Naruu NR Taijakstan TJ								
Botward Salma	Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Boundary But	Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Boune Boun	Botswana	BW	Guinea	GN	Nepal	NP	Taiikistan	TJ
Brail of Member Pritory RV or Member Pritory RV or Member Pritory NC or Haifi HT New Zeland NC or Thomaton TI morteste TL or Time Pritory TI morteste Time Pritory TI morteste Time Pritory Time Pritory<	Bouvet Island	RV		GW		NI	•	
Britsh Indian Ocean Territory IQ Hafti Indian Ocean Territory IV New Zealand NZ Timor-Leste TL Brunel Darussian BN Heard Island and McDonald Islands HM Nicaragua NI Togopo TG Burkina Faso BF Honduras HN Nijeer NE Tokelau TK Burkina Faso BF Honduras HN Nijeer NE Totoga TO Burkina Faso BF Honduras ND Timidad and Tobago TT Cabo Verde CV Hungary HM Northern Mariana Islands NP Turkindad and Tobago TT Cameron MR HI Northern Mariana Islands MP Turkind TR Cameron MR India II Northern Mariana Islands MP Turkind TU Cameron MR India II Northern Mariana Islands MP Turkind TU Northern Mariana Islands MP Turkind Turkind Turkind								
Bruenal Brue								
Bulgaria BG Holy See (Vatcan City State) VA Niger NE Tokelau TK Burndi BF Honduras HN Nigeria NG Tonga TO Burndi BI Hong Kong HK Niue NU Trinidad and Tobago TT Cabo Verde CV Hungary HU Northern Mariana Islands NF Turisia TN Camedoal KH Iceland IS Northern Mariana Islands MP Turkey TR Camada CA Indiad IN Norway NO Turken ortains TC Canada CA Indiad IN Norway NO Turken ortains TC Canada CA Indiad IR Palsktan PK Turkalu Turks and Caicos Islands TC Charian Sepublic CF Iraq IB Palatu Palau PW Uurse and Caicos Islands TC Chile CE Island MB <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Burland Burl								
No.	•							
Cabe Verde CV Hungary HU Norfolk Island NF Tunisia TN Cambodia KH Iceland IS Northern Mariana Islands MP Turkenport TR Cameroon CM India IN Norvay NO Turkenistan TR Camoda CA Indias IN Norvay NO Turkenistan TR Cayman Islands KY Iran, Islamic Republic of IR Pakistan PK Tuvalu UT Chad TD Ireland IE Pakistan PK Tuvalu UT Chia CF Iraq IR Pakistan PW Uganda UG Chia CF Iraq IR Pakistan PW Uganda UG Chia CL Isle of Man IE Palestine, State of PS Ukraine UR Chia CL Isle of Man IE Palestine, State of PS Ukraine UR								
Cambodia KH Iceland IS Northern Mariana Islands MP Turkey TR Cameron CM India IN Norway NO Turkenistan TM Canada CA Indonesia ID Oman OM Turks and Caicos Islands TC Cayman Islands KY Iran, Islamic Republic of IR Pakistan PK Tuvalu TV Central African Republic CF Iran Il Island IR Pakistan PK Tuvalu TV Chile CL Island IR Pakistan PK Turkey TR Chile CL Isle of Man IR Pakistan PK Urited Arab Emirates AE Chile CL Isle of Man IR Papua New Guinea PS Urited Arab Emirates AE Chila CN Israel IL Papua New Guinea PG United Arab Emirates AE Chila CN Israel IL	Burundi	BI	Hong Kong	HK	Niue		Trinidad and Tobago	TT
Camado CM India IN Norway NO Turkmenistan TM Canada CA Indonesia ID Oman OM Turks and Caicos Islands TC Cayman Islands KY Iran, Islamic Republic of IR Pakistan PK Tuvalu TV Central African Republic CF Iraq IQ Palestine, State of PK Tuvalu UT Chad TD Ireland IE Palestine, State of PS Ukraine UA Chila C. Isle of Man IM Panama PA United Arab Emirates AE China C. Isle of Man IM Panama PG United States Minor Outlying Islands AE China C. Islanda IT Papaua New Guinea PF United States Minor Outlying Islands UM China C. Japan JP Philippines PH Uruguay UT Cooras (Seeling) Islands C. Japan	Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Camado CM Indianes IN Norway NO Turkmenistan TM Canada CA Indonesia ID Oman OM Turks and Caicos Islads TC Cayman Islands KY Iran, Islamic Republic of IR Pakistan PK Tuvalu TV Central African Republic CF Iraq IQ Palasitne, State of PK Tuvalu TV Chad TD Ireland IE Palestine, State of PS Ukraine UA Chila CL Isle of Man IM Panama PA United Arab Emirates AE China CL Isle of Man IM Panama PG United States Minor Outlying Islands AE China CX Italy IT Papua New Guinea PF United States Minor Outlying Islands UM Cotost Ricaling Islands CX Italy Peru Philippines PH Uruguay UY Commos KM Jersen Recora	Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Canda CA Indonesia ID Oman OM Turks and Caicos Islands TC Cayman Islands KY Iran, Islamic Republic of IR Pakistan PK Tuvalu TV Central African Republic CF Iraq IQ Palau PW Uganda US Chad TD Ireland IE Palestine, State of PS Ukraine UA Chile CL Isle of Man IM Panama PA United Arab Emirates AE Chile CN Israel IL Papua New Guinea PG United Kingdom GB Christmas Island CX Italy IT Paraguay PY United States Minor Outlying Islands US Cocos (Keeling) Islands CX Italy IT Paraguay PY United States Minor Outlying Islands US Comoros MM Jersey JE Phalipipines PH Urguay UY Compos CG Jordan	Cameroon	CM	India	IN		NO		TM
Cayma IslandsKYIran, Islamic Republic ofIRPakistanPKTuvaluTVCentral African RepublicCFIraqIQPalauPWUgandaUGChadTDIrelandIEPalestine, State ofPSUkraineUAChileCLIsle of ManIMPanamaPAUnited Arab EmiratesAEChinaCNIsraelIMPanamaPAUnited Arab EmiratesAEChinaCXItalyITParaguayPYUnited States (IngdomGBChristmas IslandCXItalyITParaguayPYUnited States (IngdomGBCocos (Keeling) IslandsCCJamaicaJMPeruPEUnited States (IngdomUBCostombiaCCJapanJPPhilippinesPHUriguayUYComorosKMJerseyJEPitcairnPNUzbekistanUZCongo, the Democratc Republic ofCDKazakhstanJCPortugalPLVanuatuVUCongo, the Democratc Republic ofCDKazakhstanKEPortugalPTVenezuela, Bolivarian Republic ofVECook IslandsCKKenyaKEPuerto RicoPRViet NamVNCook IslandsCKKenyaKEPuerto RicoPRViet NamVNCook IslandsCRKinibatiKIQatarQAVirgin Islands, BritishVGCook Islands								
Central African Republic CF Iraq IQ Palaut PW Uganda UG Chad TD Ireland IE Palestine, State of PS Ukraine UA Chile CL Isle of Man IM Panama PA United Arab Emirates AE China CN Israel IL Papua New Guinea PG United Kingdom GB China CX Italy IT Paraguay PY United States Minor Outlying Islands US Cocos (Keeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands US Colombia CC Jamaica JM Peru PF United States Minor Outlying Islands UM Colomoros KM Jersey JE Philippines PH Uruguay UY Congo CG Jordan JD Poland PL Vanuatu UZ Congo CG Jordan KZ Portugal PT Venezuela, Bolivarian Republic of VE Cob Islands CK Kenya KE Puerto Rico PR Viet Nam VI Cost a Grad CR Kiribati <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
Chad TD Ireland IE Palestine, State of PS Ukraine UA Chile CL Isle of Man IM Panama PA United Arab Emirates AE China CN Israel IL Papawa New Guinea PG United Kingdom GB Christmas Island CX Italy IT Paraguay PY United States US Cocos (Keeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands UM Colombia CO Japan JP Philippines PH Uruguay UY Comoros KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of the CG Kz Portugal PT Venezuela, Bolivarian Republic of VE Cook Islands CK Kenya KE Puerto Rico PR Viet Nam VN Cost alica CK Kenya KE Puerto Rico PR Viet Nam VI Cote d'Ivoire I-Côte d'Ivoire CR Kiribati KI								
Chile CL Isle of Man IM Panama PA United Arab Emirates AE China CN Israel IL Papua New Guinea PG United Kingdom GB Christmas Island CX Italy IT Paraguary PY United Kingdom GB Cocos (Keeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands UM Colombia CO Japan JP Philippines PH Uruguary UY Comoros KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of the CG Kazakhstan KE Portugal PT Venezuela, Bolivarian Republic of VE the VI Vanuatu VU VI Venezuela, Bolivarian Republic of VE Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cota d'Ivoire CI Korea, Democratic People's Republic KP Reunion IRéunion RE Virgin Islands, U.S. VI Croata								
China CN Israel IL Papua New Guinea PG United Kingdom GB Christmas Island CX Italy IT Paraguay PY United States Minor Outlying Islands US Cocos (Reeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands UM Colombia CO Japan JP Philippines PH Uruguay UY Compos KM Jersey JE Phitairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of CG Kazakhstan KZ Portugal PT Venezuela, Bolivarian Republic of VE the VI Vonezuela, Bolivarian Republic of VE Venezuela, Bolivarian Republic of VE Cosk Islands CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CK Kenya KE Puerto Rico PR Viet Nam VI VI VI VI Costa Ric								
Christmas Island CX Italy IT Paraguay PY United States US Cocos (Keeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands UM Colombia CO Japan JP Philippines PH Uruguay UY Comoros KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of the CD Kazakhstan KZ Portugal PT Venezuela, Bolivarian Republic of VE Costa Rica CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Costa Rica CR Kiribati KI Qatar QA Virgin Islands, U.S. VI Cote d'Ivoire !Côte d'Ivoire Clôte d'Ivoire !Côte d'Ivoire CI Korea, Pemocratic People's Republic KP Reunion !Réunion RE Virgin Islands, U.S. VI Cuba CU Kuwait KW Romania RO Wallis and Futura								
Cocos (Keeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands UM Colombia CO Japan JP Philippines PH Uruguay UY Compos KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of the CG KE Portugal PT Venezuela, Bolivarian Republic of VE Cook Islands CK Kenya KE Puerto Rico PR Viet Nam VN Cost alica CR Kiribati KI Qatar QA Virgin Islands, British VG Cote d'Ivoire CI Korea, Democratic People's Republic KP Reunion IRéunion RE Virgin Islands, U.S. VI Croata HR Korea, Republic of KR Romania RO Wallis and Futuna WF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Cuprus CY Lao People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia Zambia ZM </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Cocos (Keeling) Islands CC Jamaica JM Peru PE United States Minor Outlying Islands UM Colombia CO Japan JP Philippines PH Urguay UF Comoros KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of the CG Jordan JO Portugal PT Vanuatu VU Congo, the Democratc Republic of the CK Kazakhstan KZ Portugal PT Vanuatu VU Congo, the Democratc Republic of the CK Keaya KE Puerto Rico PR Vienzuela, Bolivarian Republic of VE Costa Rica CK Kenya KE Puerto Rico PR Vient Nam VN Costa Rica CK Kenya Reunion IRéunion RE Virgin Islands, Pitchish VG Croata HR Korea, Repub							United States	
Colombia CO Japan JP Philippines PH Uruguay UY Comoros KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanautu VU Congo, the Democratc Republic of the CD Kazakhstan KZ Portugal PT Venezuela, Bolivarian Republic of VE Cook Islands CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cota d'Ivoire !Côte d'Ivoire CI Korea, Democratic People's Republic KP Reunion !Réunion RE Virgin Islands, U.S. VI Croata HR Korea, Republic of KR Romania RO Wallis and Futuna WF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Cuprus CY Lao People's Democratic Republic LA Saint Barthélemy ISaint Barthélemy BL Zambia ZM Cech Republic CZ Latvia L' Saint Kits and Nevis KN L L' <td>Cocos (Keeling) Islands</td> <td>CC</td> <td>Jamaica</td> <td>JM</td> <td></td> <td>PE</td> <td>United States Minor Outlying Islands</td> <td>UM</td>	Cocos (Keeling) Islands	CC	Jamaica	JM		PE	United States Minor Outlying Islands	UM
Comoros KM Jersey JE Pitcairn PN Uzbekistan UZ Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of Costa Rica KE Puerto Rico PR Viet Nam VN Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cota d'Ivoire !Côte d'Ivoire Cl Korea, Democratic People's Republic of Of KR Reunion !Réunion RE Virgin !slands, U.S. VI Croata HR Korea, Republic of Of KR Romania RO Wallis and Futuna WF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Cuprus CY Kyrygystan KG Rwanda RW Yemen YE Cuprus CY Lao People's Democratic Republic LA Saint Barthélemy ISaint Barthélemy BL Zambia Zimbabwe Zimbabwe Crech Republic DE Lebanon LB Saint		СО		JP	Philippines	PH		UY
Congo CG Jordan JO Poland PL Vanuatu VU Congo, the Democratc Republic of the CD Kazakhstan ZP Portugal PT Venezuela, Bolivarian Republic of VE Cook Islands CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cote d'Ivoire !Côte d'Ivoire CI Korea, Democratic People's Republic KP Reunion IRéunion RE Virgin Islands, U.S. VI Croata HR Korea, Republic of KR Romania RO Willis and Futuna WF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Curacao !Curaçao CW Kyrgystan KG Rwanda RW Yemen YE Cyprus CY Lao People's Democratic Republic LA Saint Helenay, Ascension and Tristan da SH Zimbabwe Zmb Cech Republic D Lebanon LB Saint Kits and Nevis KN KN								
Congo, the Democratc Republic of the Congo, the Democratc Republic of the Cook Islands CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cote d'Ivoire !Côte d'Ivoire !Côte d'Ivoire Ci Korea, Democratic People's Republic of FOR Reunion !Réunion RE Virgin Islands, British VG Cote d'Ivoire !Côte d'Ivoire Cote d'Ivoire !Côte d'Ivoire Cote d'Ivoire !Côte d'Ivoire Cote d'Ivo								
Cook Islands CK Kenya KE Puerto Rico PR Viet Nam VN Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cote d'Ivoire !Côte d'Ivoire CI Korea, Democratic People's Republic KP Reunion IRéunion RE Virgin Islands, U.S. VI Croata HR Korea, Republic of KR Romania RO Wallis and Futuna MF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Curaçao CW Kyrgystan KG Rwanda RW Yemen YE Cyrus CY La People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia ZM Czech Republic CZ Latvia Ly Saint Helena, Ascension and Tristan da SH Zimbabwe ZW Denmark DK Lebanon LB Saint Kits and Nevis KN Dijbout DJ Lesotho LS Saint Lucia LC LC	Congo, the Democratc Republic of							
Costa Rica CR Kiribati KI Qatar QA Virgin Islands, British VG Cote d'Ivoire !Côte d'Ivoire CI Korea, Democratic People's Republic of of of of of of of of of standard in the indication of the indication of								
Cota d'Ivoire !Côte d'Ivoire Côte d'Ivoire Cota d'Ivoire Côte d'Ivoire Côte d'Ivoire Cota de l'Austria Corata HR Korea, Republic of KR Romania RO Wallis and Futuna WF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Curacao !Curaçao CW Kyrgystan KG Rwanda RW Yemen YE Cuprus CY Lao People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia ZM Czech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da SH Zimbawe ZW Cunha Cunha								
Croata HR Korea, Republic of KR Romania RO Wallis and Futuna MF Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Curacao (Curaçao CW Kyrgystan KG Rwanda RW Yemen YE Cyprus CY Lao People's Democratic Republic LA Saint Barthelemy (Saint Barthélemy BL Zambia ZM Czech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da SH Zimbawe ZW Cunha Denmark DK Lebanon LB Saint Kits and Nevis KN Lesotho LS Saint Luda LC								
Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Curaca (Sturação) CW Kyrgystan KG Rwanda RW Yemen YE Cyprus CY Lao People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia ZM Czech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da SH Zimbabwe ZW Denmark DK Lebanon LB Saint Kits and Nevis KN Djibout DJ Lesotho LS Saint Lucia LC	Cote d'Ivoire !Côte d'Ivoire	CI		KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Cuba CU Kuwait KW Russian Federaton RU Western Sahara EH Curaca (Sturação) CW Kyrgystan KG Rwanda RW Yemen YE Cyprus CY Lao People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia ZM Czech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da SH Zimbabwe ZW Denmark DK Lebanon LB Saint Kits and Nevis KN Djibout DJ Lesotho LS Saint Lucia LC	Croata	HR		KR	Romania	RO	Wallis and Futuna	WF
Curacao !Curação CW Kyrgyzstan KG Rwanda RW Yemen YE Cyprus CY Lao People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia ZM Czech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da SH Zimbabwe ZW Denmark DK Lebanon LB Saint Kits and Nevis KN V Djibout DJ Lesotho LS Saint Lucia LC LC								
Cyprus CY Lao People's Democratic Republic LA Saint Barthelemy ISaint Barthélemy BL Zambia ZM Czech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da Cunha SH Zimbabwe ZW Denmark DK Lebanon LB Saint Kits and Nevis KN Djibout DJ Lesotho LS Saint Lucia LC								
Cech Republic CZ Latvia LV Saint Helena, Ascension and Tristan da Cunha SH Zimbabwe ZW Denmark DK Lebanon LB Saint Kits and Nevis KN Djibout DJ Lesotho LS Saint Lucia LC								
Denmark DK Lebanon LB Saint Kits and Nevis KN Djibout DJ Lesotho LS Saint Lucia LC								
Djibout DJ Lesotho LS Saint Lucia LC					Cunha		ZIMDabwe	ZW
			Lebanon		Saint Kits and Nevis			
Dominica DM Liberia LR Saint Martin (French part) MF	Djibout	DJ	Lesotho	LS	Saint Lucia	LC		
	Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (\mathcal{J}) in the box available before the section number and strike off the sections not required to be updated.

For office use only	Application Type*							
(To be filled by financial institution)	KYC Number (Mandatory for KYC update request)							
1. CORRESPONDENCE	LOCAL ADDRESS DETAILS (Please see instruction E at the end)							
☐ Same as Current / Permanent /	Overseas Address details							
Line 1*								
Line 2								
Line 3	City / Town / Village*	1						
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*	Ī						
D 2 CONTACT DETAILS (All a	and the second of the second o							
Z. CONTACT DETAILS (All c	ommunications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)							
Tel. (Off) FAX	Tel. (Res) Mobile							
3. APPLICANT DECLARA	TION							
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 changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.								
Date: DD-MM-YY	Place : Signature / Thumb Impression of Applicant							

Annexure B1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick $(\slash\hspace{-0.4em}\cancel{\hspace{0.4em}})$ in the box available before the section number and strike off the sections not required to be updated.

For office use only	Application Type New Update		1010					
(To be filled by financial institu	ution) KYC Number	(Mandatory fo	or KYC update request)					
☐ 1. DETAILS OF RELAT	ED PERSON (Please refer instruction G at the end)							
Addition of Related Person	Deletion of Related Person KY0	Number of Related Person (if available*)						
Related Person Type*	☐ Guardian of Minor ☐ Assignee	☐ Authorized Representative						
NI*	Prefix First Name	Middle Name	Last Name					
Name*	(If KYC number and name are provided, below details of	section 1 are optional)						
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at the end)								
☐ A- Passport Number		Passport Expiry Date						
☐ B- Voter ID Card								
☐ C- PAN Card								
☐ D- Driving Licence		Driving Licence Expiry Date						
☐ E- UID (Aadhaar)		Driving Licence Expiry Date						
☐ F- NREGA Job Card								
Z- Others (any documen	t notified by the central government)	Identification Number	r					
S- Simplified Measures	s Account - Document Type code	Identification Number						
2. APPLICANT DECL	ARATION							
	ished above are true and correct to the best of my knowledge and belief the above information is found to be false or untrue or misleading or mi		[Signature / Thumb Impression]					
Date : DD-MM-	Y Y Y Y Place :		Signature / Thumb Impression of Applicant					
3. ATTESTATION / FOR	R OFFICE USE ONL Y							
Documents Received	Certified Copies							
KYC VERI	FICATION CARRIED OUT BY	INSTITUTION	IDETAILS					
Date Emp. Name Emp. Code Emp. Designation Emp. Branch		Name Code						
			n Stamp]					



ICICI Lombard General Insurance Company limited

Mailing Address: ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad, Telangana-500032 Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.