

## Annexure to Electronic Application

(Electronic application is an electronic proposal form of SBI Life – RiNn Raksha)

Customer Declaration  
Electronic Membership Form Number: \_\_\_\_\_

To,  
SBI Life Insurance Co. Ltd

I <Name of the proposer> confirm that I have submitted the above referred electronic membership number to buy SBI Life RiNn Raksha for my <Home/Personal/Educational/Vehicle Loan> with Loan Account No. <LAN> on my own accord.

I also confirm that I have been explained the documentation/information and have understood the product features and benefits and am satisfied with the same. I have also read and reviewed the health questionnaire and answered the same.

I have submitted one time password (OTP) sent on my mobile number: <mobile number> as confirmation of the contents of the electronic application including answers to all the questions, statements and declaration.

I hereby declare and confirm that I am making the premium payment towards this proposal through my bank account or through Additional Loan from the Bank/ Lending Institution from my Loan Plus Account.

Life Assured/Proposer (in case different from Life Assured)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### DECLARATION BY BANK STAFF

This is to certify that I have read out and explained the contents of the membership form and contents of this declaration to Mr./Mrs. \_\_\_\_\_ and correctly recorded his answers to various questions in the Proposal submitted through the electronic application. I further declare that he/she has signed this form in my presence after understanding the contents of the membership form and this declaration.

Signature of the declaration [Bank Staff]: \_\_\_\_\_

Name: \_\_\_\_\_ PF No. : \_\_\_\_\_

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



भारतीय स्टेट बैंक  
State Bank of India

CUSTOMER DETAIL FOR RINNRAKSHA PARIVARTAN FORM

CUSTOMER NAME: .....

DOB: .....

FATHER NAME: .....

BRANCH CODE: .....

SOURCING STAFF: .....

ADDRESS: .....

MOBILE NO: .....

EMAIL ID: .....

OCCUPATION: .....

NOMINEE NAME: .....

NOMINEE DOB: .....

HEIGHT: .....

WEIGHT: .....

HEALTH STATUS: .....

COVER AMOUNT: .....

COVER TERM: .....

ROI: .....

SINGLE PREMIUM: .....

SAVING AC NO: .....

BRANCH CODE: .....

PAN NO: .....



वैरन बाजार शाखा (4440)

आं का. परिसर, वैरन बाजार, रायपुर (छ.ग.)

**भारतीय स्टेट बैंक**  
**STATE BANK OF INDIA**

\_\_\_\_ शाखा / Branch

दिनांक / Date \_\_\_\_\_

नामे / Debit \_\_\_\_\_

में जमा / Credit \_\_\_\_\_

रु. /Rs. \_\_\_\_\_

RF. 14/ Code No. : 108999004  
Order No. 128 Dt. 24/09/2019/5000 Pkts./APL

शाखा प्रबंधक/Branch Manager



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