

Self Certification Form

Important Instructions:

- All fields are compulsory • Please fill in capital letters • Attach documentary evidence as marked (*)

Client ID:

Policy Number:

Policyholder's Name: _____ Father's Name: _____

Nationality: ☐ Indian ☐ Others, please specify: _____

Citizenship: ☐ Indian ☐ Others, please specify: _____

Gender: ☐ Male ☐ Female ☐ Other: _____

Date of Birth: City of Birth: _____ Country of Birth: _____

*INDIAN ADDRESS:

Flat No./Building No.: _____

City: _____ State: _____ Pin Code:

Mobile No: Tel. No:

Address Type: ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

*OVERSEAS ADDRESS:

Flat No./Building No.: _____

City: _____ State: _____ Pin Code: _____

Mobile No: Tel. No:

Address Type: ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

E-Mail ID: _____



Policyholder's Name: _____

Request Received Date: Request No.: _____

Name of Branch Official: _____

Employee Number of Branch Official: _____

GO Stamp

Signature: _____



Passport Number: [][][][][][][][][][] **Passport Issuing Country:**

*PAN:

*Foreign Tax Identification No. (or Functional Equivalent): Country:

*Country of Residence as per tax laws:

(If more than one country of tax residence, provide Tax Identification No./Functional Equivalent: on all countries of tax residence)

ID Proof Submitted:

☐ PAN Card ☐ Election ID Card ☐ Driving License ☐ Passport ☐ AADHAAR Card
☐ NAREGA Job Card ☐ Any Other Government Agency Issued Document

I do hereby certify that above stated information 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.

Policyholder's Signature: _____

For Office Use Only

Request Received Date: [D][D]/[M][M]/[Y][Y][Y][Y]Branch Name and Code: _____Employee Number:

Certified that this form is complete in all respects and all relevant documents are obtained and verified.

Signature: _____

 Important: DO NOT believe calls, SMS, emails offering discounts. Please pay only to HSBC Bank A/c no. <1165your policy no.> IFSC code - HSBC0110002

Website
www.maxlifeinsurance.com

Email
service.helpdesk
@maxlifeinsurance.com

Toll-free Helpline
1800 200 5577

Facebook
facebook.com/maxlife

F 0124-4159397, CIN: U74899PB2000PLC045626

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

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