

## PROPOSAL FORM

**Thank you for putting your trust in Canara HSBC Oriental Bank of Commerce Life Insurance Company. This is your proposal form for Canara HSBC Oriental Bank of Commerce Life Insurance iSelect Star Term Plan**

- The payment would be accepted in Indian Rupees (₹) only from credit card or debit card or bank account owned by Proposer/ Payor.
- Kindly note that any non-disclosure or misrepresentation or suppression of information has a direct impact on the claim's decision. It may even lead to repudiation of the claim.

For office use only			
Bank/ Channel Name		Bank/ Channel Code	
Client's Branch/DSP Code			
Bank Account No.			
Customer Client No.			
BR Name			
BR Code		ISM Code	
Customer Referred by Employee (Name)			
Referred by Employee (No.)			
Type of Insurance	<input type="checkbox"/> Employer Employee <input type="checkbox"/> HUF <input type="checkbox"/> Individual <input type="checkbox"/> MWP <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Key man		
Relationship with Bank	<input type="checkbox"/> SB Account <input type="checkbox"/> CA Account <input type="checkbox"/> Deposit <input type="checkbox"/> Advance-Borrower <input type="checkbox"/> Credit Card		
Are You Existing Customer of Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited			
Are you a Staff Member			

Please affix recent  
Passport size photograph  
of Proposer and Sign  
across the photograph

DO NOT STAPLE THE  
PHOTOGRAPH

### SECTION A: DETAILS OF THE LIFE TO BE ASSURED

#### 1. PERSONAL DETAILS

**1.1 a.Title** ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms

**b. Name** First \_\_\_\_\_  
Middle \_\_\_\_\_  
Last \_\_\_\_\_

**1.2 a.Title** ☐ Mr.

**b. Father's Name** First \_\_\_\_\_  
Middle \_\_\_\_\_  
Last \_\_\_\_\_

**1.3 a.Title** ☐ Mrs. ☐ Miss ☐ Ms

**b. Mother's Name** First \_\_\_\_\_  
Middle \_\_\_\_\_  
Last \_\_\_\_\_

**1.4 Gender** \_\_\_\_\_ **1.5 Date of Birth** \_\_\_\_\_ **1.6 Marital Status** \_\_\_\_\_

**1.7 a. Current Residential Address/Communication Address** \_\_\_\_\_  
**b. Permanent Residential Address** \_\_\_\_\_  
**c. Address Proof document** \_\_\_\_\_  
**d. Mobile Number with ISD code** \_\_\_\_\_  
**e. E-mail** \_\_\_\_\_  
*(This email will be taken as registered email ID with us and you may correspond with us using this email ID)*

**1.8 Educational/ Professional Qualifications** \_\_\_\_\_

**1.9 a. Occupation** \_\_\_\_\_ **b. Exact nature of duties/ occupation** \_\_\_\_\_  
*(Specify if you are in money services/lottery/casino/gambling/horse jockey/NGO/Trust/Charity/Real Estate/Jewelry/Scrap Dealer/Diamond dealer)*  
**c. Name of the Employer/ Organisation** \_\_\_\_\_ **d. Nature of industry of the Employer/ Organisation** \_\_\_\_\_  
**e. Employer/Organisation Address** \_\_\_\_\_  
**f. Are there any risk associated with your occupation? Eg. Working with Boiler, Explosives, Chemicals etc** \_\_\_\_\_ (Yes/No)  
 If Yes, please provide details \_\_\_\_\_

**1.10 a. Annual Income (₹)** \_\_\_\_\_ **b. Age Proof** \_\_\_\_\_  
**c. PAN** \_\_\_\_\_ **d. Proof of possession of Aadhaar** \_\_\_\_\_  
**e. CKYC Number (if applicable)** \_\_\_\_\_