



Agent's Details (For office use only)

Proposal No.		<input type="checkbox"/> Employee <input type="checkbox"/> Individual <input type="checkbox"/> Bancassurance <input type="checkbox"/> Corporate <input type="checkbox"/> DMC <input type="checkbox"/> Others	Sector	Urban	<input type="checkbox"/> Rural
Bank Ref. Code		FSC Name/IC Name		FSC Branch	
STM Code		FSC Code/IC Code		STM Name	
STM Branch		Receipt No.		PAN No.	
Individual RI	<input type="checkbox"/> (eIA) <input type="checkbox"/> E-insurance account (eIA) details			Adhaar No.	
<input type="checkbox"/> 1 st Life Insured-NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National	<input type="checkbox"/> 2 nd Life Insured-NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National				

1. Personal Details

PROPOSED INSURED

Prefix - Mr./Mrs./Ms/ Dr. Suffix: MBBS/ CA/LLB/ Others

Purpose of Insurance: Financial Protection

Name: First ASHISH Middle Last VAYAS

Date of Birth: 09/11/1984 Sex ☒ Male ☐ Female

Nationality: INDIAN

Country of Residence: INDIA

Age: 34 Place of Birth: DELHI

Age Proof: ☐ Birth Certificate ☒ Passport ☐ Per. Driving License ☐ School Certificate ☐ Service Record ☐ Others

ID Proof: ☐ Aadhar Card ☐ Driving License ☐ PAN card ☒ Passport ☐ Voter ID card ☐ Others

2. PROPOSER

(To be filled if other than Proposed Insured)

Prefix - Mr./Mrs./Ms/ Dr. Suffix: MBBS/ CA/LLB/ Others

Name: First Middle Last

Date of Birth: Sex ☐ Male ☐ Female

Nationality: Country of Residence: Age: Place of Birth:

Age Proof: ☐ Birth Certificate ☐ Passport ☐ Per. Driving License ☐ School Certificate ☐ Service Record ☐ Others

ID Proof: ☐ Aadhar Card ☐ Driving License ☐ PAN card ☐ Passport ☐ Voter ID card ☐ Others

3. Family Details

PROPOSED INSURED

Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

If Married: Spouse's Date of Birth: 25/07/1986

Place of Birth: SOUTH BANGALORE

Father's Name: KMR ST M VAYS

Mother's Name: NITALESH VYAS

Husband's Name: FIRST M LAST

Maiden name for Female life: Preferred mode of communication: Letter ☐ e-mail ☐

Preferred language: English ☐ Hindi ☐ Marathi ☐ Punjabi ☐ Oriya ☐ Malayalam ☐ Kannada ☐ Gujarati ☐ Telugu ☐ Bengali ☐ Assamese ☐ Tamil ☐

5. IT Assessee

☒ Y ☐ NIf yes, PAN: BGCPM0352C Form 60 ☐

Unique Identification number (Aadhar Card):

Do you want to assign the policy after issuance? Yes ☐ No ☐ If policy has to be backdated, mention date: DDMMYY

GSTIN, if available:

4. RESIDENTIAL AND MAILING ADDRESS

C/O: Flat/Door no. 101 Relation to IA:

Name of Premises: SVA RESIDENCY

Road/Street/Lane: NEELADRI ROAD

Landmark (Near/Opp):

Village: NEELADRI NAGAR

Post/Area/Nagar: BANGALORE Town/Suburb/Taluka:

District: KARNATAKA State:

Country: INDIA Pin Code: 56001

Tel. Country Code: Area Code: Tel. No.:

Mobile No. 9474917722

E-mail: UNKNOWN@gmail.com

Address Proof: ☐ Passport ☐ Telephone Bill ☒ Electricity Bill ☐ Driving License ☐ Aadhar Card ☐ Current Bank Passbook ☐ Others

6. Nominee Details (Under Sec. 39 of Insurance Act 1938) To be filled where Proposed Insured and Proposer are same

7. Appointee Details (If Nominee is a minor)

Name & Surname	<u>POOJA VAYAS</u>	Nominee 1		Nominee 2	
Date of Birth	<u>16-09-1986</u>				
Relationship to Insured	<u>Spouse</u>				
% Share of Nomination					

8. Education & Occupation Details

PROPOSED INSURED

Education: ☐ Non-matriculation (if non-matric, please state the highest standard) ☐ Matriculation ☐ Graduation & Higher ☐ None

Annual Income: Occupation*: ☐ Salaried ☐ Agriculture ☐ Investment ☐ Housewife ☐ Unemployed ☐ Retired ☐ Business ☐ Professional ☐ Others

Income Proof: Nature of Duties: Industry Type:

Employer's Name: Address: Office Phone No. *Please inform the Company of any change in occupation in the future.

9. a) Bank details of proposer

Bank & Branch Name: Account No. IFSC Code: Recurring Direct Debit A/c No. MICR Code: A/c Type:

9. b) Renewal Premium Payment Method

☐ Cheque/Cash/DD ☐ NACH ☐ CCSI ☐ ADI

Amount in words (in Rs.)

Top-up Sum Assured

Top-up Multiplier

Top-up Rs.

Date

Cheque No.

10. Coverage Information

Product Name: BEST PLAN-001 Option/Variant: 001 Premium term: 20 years Benefit term: 25 years Entry Age: 34 years

Premium Amount: 1,000 Extended Life Cover: Multiplier: 0.10 Proposal Deposit: ☒ Cheque ☐ DD ☐ Credit/Debit Card ☐ Cash

Sum Assured/GMB: 500000 Premium Frequency: ☐ Single ☒ Annual ☐ Half-yearly ☐ Quarterly ☐ Monthly

☐ Systematic Partial Withdrawal % ☐ Annual ☐ Half-yearly ☐ Quarterly ☐ Monthly

Riders (Tick if required) Proposer/ 1st Proposed Insured

ADB	<input type="checkbox"/> Sum Assured	APTDB	<input type="checkbox"/> Sum Assured	WOP for base policy and rider(s) chosen	<input type="checkbox"/>
FIB	<input type="checkbox"/> Sum Assured	CI	<input type="checkbox"/> Sum Assured		

Riders (Tick if required) Proposer/ 2nd Proposed Insured

ADB	<input type="checkbox"/> Sum Assured	APTDB	<input type="checkbox"/> Sum Assured	WOP for base policy and rider(s) chosen	<input type="checkbox"/>
FIB	<input type="checkbox"/> Sum Assured	CI	<input type="checkbox"/> Sum Assured		

11. a) Premium Apportionment For Unit Linked

NAME OF FUND*	%	NAME OF FUND*	%

11. b) Details of previous insurance held/currently applied with Bajaj Allianz Life Insurance Company/other medical insurance policies, if any

Policy/ Proposal Numbers	Insurance Company	Amount of Insurance	Status

☐ Investor Selectable Portfolio Strategy ☐ Wheel of Life Portfolio Strategy ☐ Systematic Switching Option (SSO)☐ Trigger based Portfolio Strategy ☐ Automatic Transfer Strategy (Please select any one of the above mentioned strategy) For Available Fund Names & SFIN, please see bottom of proposal form

