

jeevan suraksha ka naya nazariya bharti A

Customer Declaration Form

Proposal form ID/Application number 00089199

KATHIRAVAN R

with the above mentioned application number submitted electronically to the Company. request you to process the proposal

part of the proposal/contract between me and Bharti AXA Life. I/We agree that the answers to the above questions are true and that this addendum forms a

 I/We declare and confirm that all the replies to the questions in the Suitability Assessment Form, e-proposal, the details furnished in the enclosed questionnaires and the reports of any medical examination are provided to the best of my/our knowledge. I/We declare that no material information Juired by the Company to assess the risk on my life is withheld with me/us I/We declare that the content of the Suitability Assessment Form, Bend

form and related documents have been fully explained to me/us and I/We have fully understood the nce of the e-proposal form, related document and the proposed contract Benefit Illustration, e-proposa

I/We have submitted the e-proposal to buy this product on my/our accord after having read and understood the terms and conditions of the said product on company's website i.e.www.bharti-

insurance or by submitting this duly signed customer declaration form, I would be submitting this eproposal for insurance and I/We will be bound by such statements/disclosures of material facts in the
same manner and to the same extent as if I/We had physically signed and submitted the Suitability
Form, Benefit Illustration, Written Proposal and related documents for insurance after having read and understand and agree that by submitting the One Time Password (OTP) received for the purpose of Illustration of the selected product. I/We have also verified the contents of the e-proposal form and oility process and the benefits as

importance of disclosing all material information to the company while answering such questions in I/We fully understand the nature of the questions including health related questions and the

the e-proposal duly filled in the electronic mode by me/us or as per the information provided by me/us.

6. I/We declare that answers given by me/us to all questions in the e-proposal form including the information given to the company as to the state of health and habits of the life/lives to be insured are true and complete in every respect. order to enable the Company to assess the risk under this e-proposal and any time thereafter

medical practitioner(s)/hospital/medical source/ any life and non-life Insurance Company/organization to release to the Company the records of employment/ business or other details of mine as may be considered relevant for acceptance or otherwise of the e-proposal. 8. I/ We declare that the deposit towards the first premium and the renewal premium to be paid under I/We hereby authorize the past and present employer(s)/ business associates of mine/ours, my/our

the Policy are from legal sources of Income. I/We hereby declare and confirm that I/We am/are making the premium payment towards this proposal through own bank account/credit card and I/We 9. In case of premium payment through cash, I understand and confirm that I will personally visit the agree to submit a third party declaration in case the premium payment is not made from own account

branch office of the Company for depositing the cash along with print of this e-proposal form.

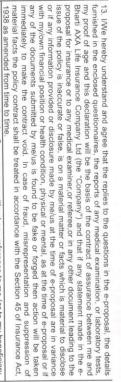
10. I/We undertake to notify the Company forthwith, in writing, of any changes in mylour health, occupational and financial state and any proposal for insurance made with any other company between the date of this e-proposal and the date of the acceptance of risk by the Company.

I/We agree and confirm to the use of electronic medium, We hereby understand and agree that Fraud or Misrepresentation would be dealt with in dance with the provisions of Section 45 of Insurance Act, 1938 as amended from time to time. including email, as a mode for

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14. I/We agree and declare that the Company may without any reference to me (or to my beneficiary, as the case may be) disclose any information contained in the proposal, the annexure, in the reports of any medical examination/laboratory tests or in the documents submitted by melus or procured by the Company, to any other insurer or to any reinsurer, to any claims investigator or any service provider engaged by the Company for issuance, servicing and claim processing of the policies. Likewise the Company may make available copies of the proposal form, annexures, reports of any medical examination laboratory tests or any documents submitted by me/us(or as the case may be, by my beneficiary) or procured by the Company, to any insurer, to any claims investigator or any service provider engaged by the Company for servicing the policies. So also the Company may without any reference to melus (or, as the case may be, to my beneficiary) furnish to any court of tribunal or other Authority any such information or proposal, annexure, reports or documents as may

be required of the Company or as may be considered necessary by the Company.

15. I/We will abide by Company's directions on medicals through any medium. The Company or Company's representative/s may contact me/ us at the address provided in the e-proposal form in connection with this e-proposal or resulting policy.

16. I/We declare that should any statement(s) including health declaration be incomplete, false, wrong or inaccurate or should there be any omission(s) or withholding of information on mylour part, the company shall have the right to cancel the policy. The Policy will be cancelled immediately, subject to fraud or misrepresentation being established by the company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

17. I/We further state and confirm that whatever is stated, declared, confirmed and agreed in this esal form and related document are done/effected on my/our own freewill and volition

proposal form and related document are university of the Company conducting an 18. If the Consent/agree and hereby state that I have no objection in the Company conducting an offline authentication of myself including offline KYC XML download for the purpose of availing Life Insurance Policy from Bharti AXA Life Insurance Company and for servicing of said Policy. If the further consent and state that If the Near no objection in authenticating myself with Aadhaar based authentication system and UIDAI sharing of my Aadhaar details including name, father's name, date of birth, address, mobile number, email id, gender and image for Aadhaar based validation/e-Kyc for through biometric and/or One time Pin (OTP) authentication for the purpose of availing Life Insurance through biometric and/or One time Pin (OTP) authentication for the purpose of availing Life Insurance to Bharti AXA Life Insurance Company being permitted to undertake such validation/e-KYC. IWe understand that I /we may receive calls from Bharti AXA Life in relation to my application for Policy from Bharti AXA Life Insurance Company subject to Bharti AXA Life Insurance Company being

insurance or the resulting policy(ies). I/We give my consent to Bharti AXA Life to make such calls

Date	Name		OTP signing details / Signature of Life Assured
			of Life
Date	Name	OTP:_	+
09-7-2020	KATHI	118291	of
		291	Signature of Proposed Policy Holder different)
	KATHIRAVAN R		Policy
	The second second		Holder
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