



Unique Reference Number: CPF/V6.3/052019

"IN UNIT LINKED POLICIES, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

For Office use only

Bank/ Channel Name	<input type="text"/>
Bank/ Channel Code	<input type="text"/> Client's Branch/ DSP Code <input type="text"/>
Bank Account No.	<input type="text"/>
Customer Client No.	<input type="text"/>
BR Name	<input type="text"/>
BR Code	<input type="text"/> ISM Code <input type="text"/>
Customer Referred by Employee (Name)	<input type="text"/>
Referred by Employee (No.)	<input type="text"/>

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

DO NOT STAPLE
THE PHOTOGRAPH

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
Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO

Important Guidelines:

1. Insurance is a contract of utmost good faith, requiring the Proposer and the Life to be Insured and the insurer to disclose all material facts. If there is any doubt as to whether any fact is material, it should be disclosed. Failure to do so may invalidate the contract based on this form.

2. ALL INFORMATION IN THE PROPOSAL TO BE FILLED IN CAPITAL LETTERS USING BLACK BALL POINT PEN

Personal Details of Life to be Insured

1. Life to be Insured name	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify) _____
	First Name	<input type="text"/>
	Middle Name	<input type="text"/>
	Last Name	<input type="text"/>
2. Is Life to be Insured our existing policyholder/ applicant, kindly tick as applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Policy/ Application No _____	
3. Father's Name	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Other (specify) _____
	First Name	<input type="text"/>
	Middle Name	<input type="text"/>
	Last Name	<input type="text"/>
4 a) Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	
b) Country of Birth	<input type="text"/>	c) City of Birth <input type="text"/> d) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
d) Age Proof	<input type="checkbox"/> Driving License <input type="checkbox"/> School/ College Certificate <input type="checkbox"/> Municipal Birth Certificate <input type="checkbox"/> Passport	
	<input type="checkbox"/> PAN Card <input type="checkbox"/> Other (specify) _____	
e) Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorcee	
5. Is Life to be Insured	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI (Non Resident Indian) <input type="checkbox"/> PIO (Person of Indian Origin)	
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Other (specify) _____	

(Please fill NRI/ PIO/ Foreign National Questionnaire if applicable. In case of NRI/ PIO/ Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/ PIO/ Foreign National Questionnaire)

6. a) Country of current Residence	<input type="text"/>	b) Citizenship	<input type="text"/>	(Please specify in case of multiple citizenship)
c) Nationality	<input type="text"/>	(Please specify in case of multiple nationalities)		

7. Communication Address	<input type="checkbox"/> Current Residential Address	<input type="checkbox"/> Permanent Residential Address	<input type="checkbox"/> Office Address
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8. Current Residential Address	<input type="text"/>
Area/ Taluka/ Tehsil	<input type="text"/>
City/ District	<input type="text"/> State <input type="text"/>
Country	<input type="text"/> Pin Code <input type="text"/>

9. Permanent Residential Address	<input type="text"/>
Area/ Taluka/ Tehsil	<input type="text"/>
City/ District	<input type="text"/> State <input type="text"/>
Country	<input type="text"/> Pin Code <input type="text"/>

10. a) Name of Organisation/ Business/ Educational Institution	<input type="text"/>
b) Nature of industry of the Employer/ Organization	<input type="text"/>



11. Office Address
Area/ Taluka/ Tehsil
City/District State
Country Pin Code
12. Education/ Professional ☐ MBA ☐ LLB ☐ Doctor ☐ Engineer ☐ ICWA/CFA/CS/CA ☐ Graduate
Qualification ☐ Std XII Pass ☐ Std X Pass ☐ Other (Specify) _____
13. Occupation ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner/ Self Employed ☐ Non-working

14. Exact nature of occupation/ duties _____
(Specify if you are in money services/ lottery/ casino/ gambling/ horse jockey/ NGO/ Trust/ Charity/ Real Estate/ Jewellery/ Scrap Dealer/ Diamond dealer)

15. Are there any risks associated with the Life to be Insured's occupation? e.g. Working with Boiler, Explosives, Chemicals, etc. ☐ Yes ☐ No
If Yes, Please fill up the appropriate questionnaire.

16. Annual Income (₹)

17. Does Life to be Insured take part in hobbies that are risky in any way? e.g. Aviation, Diving, Mountaineering etc. ☐ Yes ☐ No
(If Yes, Please submit appropriate questionnaire.)"

18. Is the Life to be Insured a Politically Exposed Person (PEP)? ☐ Yes ☐ No
(PEPs are individuals who are or have been associated with a political party/ politician or holding any senior role in any ministry/ government/ state owned enterprises/ judicial body/ military/ police in India or abroad or those individuals who have any close family members or associates in the said capacity)
If yes, please provide details _____

Personal Health Details of Life to be Insured

1. Height ft inches OR cms Weight kgs
2. Has your weight altered by more than 5 Kgs. in the last 1 year for reasons other than exercise? Yes ☐ No ☐
3. Please give the following details

Substance Consumed	Yes/ No	If yes, consumed as	Consumption Quantity	For No. of years
Tobacco	<input type="checkbox"/> Y/ N	Cigarette/ Cigar/ Gutkha/ Others	<input type="text"/> Nos. per day	<input type="text"/>
Alcohol	<input type="checkbox"/> Y/ N	Beer/ Wine/ Spirits	<input type="text"/> (ml/ week)	<input type="text"/>
Any Narcotics	<input type="checkbox"/> Y/ N			<input type="text"/>

4.1 Please provide medical details as asked in the following questions: (To be filled for Life to be Insured for Life Insurance Product, Major Critical Illness & Heart Cover under Health Product)

Medical Details of Life to be Insured (Applicable for Life Insurance Product, Major Critical Illness & Heart Cover under Health Product)

a.	Have you ever :	
	1. Been hospitalized for general checkup, observation, treatment or surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Been prescribed treatment or medication for a current injury or ailment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Availled more than 5 days continuous leaves on medical grounds in the last 2 years or consulted a doctor/ visited a clinic in the past 6 months? If yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Undergone/ Advised X-ray/ CT-Scan/ MRI/ Ultrasound/ ECG/ Blood Test/ any other tests/ investigations	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	5. Undergone/ Advised test/ tested positive for Hepatitis, HIV/ AIDS or any other sexually transmitted disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever suffered or are you suffering from any of the following?	
	1. Any ailments relating to heart like high/ low blood pressure, chest pain, palpitation, rheumatic fever heart attack, shortness of breath, any other heart disorder or stroke etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Any ailments related to the brain & nervous system like epilepsy, stroke, depression, mental disorders etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Tumour, cancer, cyst, abnormal growth or any other malignancy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Disorders of eye, ear, nose or throat including defective sight, speech or hearing and discharge from ears.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	5. Asthma, bronchitis, tuberculosis, difficulty in breathing, persistent cough or any other lung disorder.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6. Ailment related to liver, gall bladder, stomach and digestive system like ulcers, stones, colitis, stomach pain, jaundice, hepatitis B or C etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	7. Any gland related disorder like diabetes/ high blood sugar, sugar in urine, thyroid etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Any kidney system or urinary bladder disorder like stones, nephritis, prostate disorder, reproductive organs etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	9. Musculoskeletal & joint disorder like gout, rheumatic arthritis, back disorder, skin disorder etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Anaemia, disorders of blood (e.g. Haemophilia, Thalassemia) or any other illness not mentioned in (1 to 10).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Any physical disability/ deformity, congenital disorder, paralysis or multiple sclerosis.	Yes <input type="checkbox"/> No <input type="checkbox"/>	



Please provide details if answer of any of the above question is answered as "Yes"

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.

Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

4.2 Please provide medical details as asked in the following questions: (To be filled for Life to be Insured if Health Product is Opted)

Additional Medical Details of Life to be Insured (Applicable only for Major Critical Illness & Heart Cover)

a.	Have you consulted any doctor for surgical operations or have been hospitalized for any disorder or been advised to undergo/ have undergone any medical investigations/ treatment for medical conditions other than for minor cough, cold or flu during the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Are you currently taking or in the past have taken any treatment or medications for any condition for a continuous period of more than 14 days? (except for minor cough, cold, flu, appendix, typhoid)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Have you ever availed insurance cover under 'Heart/ Cardiac product/ Critical illness cover' through any insurance company in India? If yes, please share details Name of company, Sum Assured	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Have you ever suffered from or have been advised that you have any of the following conditions? 1. High Cholesterol/ lipids: 2. Excessive fatigue/ syncope/ dizziness: 3. Persistent fever or headache	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Have you ever had, or been told that you have or are currently undergoing investigation for Abnormal findings in ECG, TMT, CXray, Echo, Angiography or any other cardiac investigations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Have any of your immediate family members been diagnosed with prior to age of 60 years from Heart disease, high blood pressure, stroke, Diabetes, kidney disease, cancer or any other disease/ ailment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details if answer of any of the above question is answered as "Yes"

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.

Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

4.3. Please provide medical details as asked in the following questions: (To be filled for Life to be Insured if Health Product is Opted)

Medical Details of Life to be Insured (Applicable when Cancer Cover is opted)

a.	Have you availed insurance cover under "Stand-alone Cancer product" through CANARA HSBC ORIENTAL BANK OF COMMERCE LIFE INSURANCE or through any other Insurer in the Indian insurance market? If answer "Yes" please mention the Sum Assured availed, year of commencement & name of the Insurance Company below	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Have you suffered from or been advised investigation/ investigated or been treated for any form of Cancer, sarcoma, tumor, or pre-cancerous conditions (few example but not exhaustive are Barrett's esophagus, atrophic gastritis, cervical dysplasia, leukoplakia)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Are you suffering from or ever suffered from, Hepatitis B, Hepatitis C, Liver disease due to alcohol, Barrett's Esophagus, Crohn's Disease, Peptic Ulcer, Ulcerative Colitis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Have you suffered from or been investigated for any of the following 1. Recurrent cough, hoarseness of voice, or difficulty in swallowing for a continuous period of 15 days? 2. Any persistent loss of blood or unusual discharge from any part of the body? 3. Any ulceration, growth, nodule, cyst or lump in any part of the body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Have you had abnormal findings in any of the listed investigations in the last 6 months (if applicable)- <input type="checkbox"/> Ultrasound <input type="checkbox"/> Endoscopy/ Colonoscopy <input type="checkbox"/> CT Scan/ MRI <input type="checkbox"/> Biopsy <input type="checkbox"/> PAP Smear <input type="checkbox"/> Mammography <input type="checkbox"/> Blood test for cancer diagnosis (Tumor Marker)	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Have any of your parents (below age 60 years), sisters or brothers suffered from any form of cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Are you suffering from or ever suffered from HIV/ AIDs, Chronic Glomerulonephritis, Chronic Kidney Disease, Polycystic Kidney Disease, Anemia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Are you suffering from or ever suffered from Fatty liver, Gastritis, Gastro-Esophageal Reflux?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details if answer of any of the above question is answered as "Yes"

Question Number	Details

The Company reserves the right to ask for medical tests or/ seek further information based on above answers.

Please submit Previous Medical Reports (if any) and relevant questionnaire (s)

To be filled if the Life to be Insured is a Female (For Females only)

1. Maiden Name of the Life to be Insured _____
2. Is the Life to be Insured pregnant at present? ☐ Yes ☐ No If yes, duration in weeks
3. Did the Life to be Insured ever suffer from or at present suffering from any gynaecological related problems? ☐ Yes ☐ No
4. a. Husband's Name _____
b. Annual Income _____

Previous Insurance details of Life to be Insured

1. Life Insurance/ Health Insurance already In Force/ Lapsed/ Revival/ Applied for (including policies surrendered during the last 3 years)
(Please attach additional sheet if necessary with details as mentioned below)

Issuing Life Insurance Company	Years of Issue	Sum Assured (₹)	Annual Premium (₹)	Riders if any	Acceptance Terms (Std./ With Med Extra/ With Non Med Extra)

2. Has a proposal on Life to be Insured's life ever been withdrawn/ postponed/ declined/ dropped or accepted with modified terms/ extra premium or has Life to be Insured ever made any claim under a policy of Life/ Health Insurance? ☐ Yes ☐ No
If yes, please give details _____

Family Health Details of Life to be Insured

Please furnish details of family members of the Life to be Insured. Also in case of any family members suffering or having suffered or died of heart disease, stroke, high blood pressure, diabetes, any form of eye disease, kidney disease, paralysis or any hereditary/ familial disorders, any communicable disease, or any disease not mentioned above, mention the same in the following table. If the Life to be Insured is not aware, please leave it blank, the Company could ask for clarifications later. Please attach additional sheet if necessary with details as mentioned below.

	If Alive		If Deceased	
Family Member	Current Age	Mention the name of disease/ illness (if any)	Cause of Death	Age at Death
Father				
Mother				
Spouse				
Brother(s)				
Sister(s)				

Nominee Details

Note: Nominee/ Beneficiary details to be provided, only where Life to be Insured is proposing on self (In case of Multiple Nominees/ Beneficiaries, please fill up Multiple Nomination Form)

1. Nominee/ Beneficiary Name Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other (Specify) _____
First Name
Middle Name
Last Name
2. a) Date of Birth / / b) Gender ☐ Male ☐ Female ☐ Transgender
3. Nominee Relationship with Life to be insured ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐ Other (Specify) _____
4. Address of Nominee/ Beneficiary
Area/ Taluka/ Tehsil



City/ District State

Country Pin Code

5. Contact details: ① Mobile with ISD Code ② Alternate Mobile with ISD Code

Telephone/Mobile Number wherever available Residence Ph. Email

Appointee or Guardian Details (Other than the Life to be Insured), if the Nominee/ Beneficiary is a minor (below 18 yrs)

1. Name of Appointee/ Guardian Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other (Specify)

First Name

Middle Name

Last Name

2. a) Date of Birth / / b) Gender ☐ Male ☐ Female ☐ Transgender

3. Relationship with the Nominee/ Beneficiary ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐ Other (Specify)

4. Address of Appointee/ Guardian

Area/ Taluka/ Tehsil

City/ District State

Country Pin Code

5. Contact details: ① Mobile with ISD Code ② Alternate Mobile with ISD Code

Telephone/Mobile Number wherever available Residence Ph. Email

Personal details of Proposer/ Life to be Insured

Please fill as per instructions

(PLEASE FILL DETAILS OF PROPOSER FOR Q.1 TO Q.22 WHERE LIFE TO BE INSURED AND THE PROPOSER ARE DIFFERENT)

(PLEASE SKIP Q.1 to Q.11 IF THE LIFE TO BE INSURED AND THE PROPOSER ARE SAME)

1. Proposer Name Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other (Specify)

First Name

Middle Name

Last Name

2. a) Date of Birth / / b) Gender ☐ Male ☐ Female ☐ Transgender

3. Father's Name Title ☐ Mr. ☐ Others (Specify)

First Name

Middle Name

Last Name

4. Is Proposer ☐ Resident Indian ☐ NRI (Non Resident Indian) ☐ PIO (Person of Indian Origin)

☐ Foreign National ☐ Company/ Partnership Firm/ HUF ☐ Other (Specify)

(Please fill NRI/ PIO/ Foreign National Questionnaire if applicable. In case of NRI/ PIO/ Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/ PIO/ Foreign National Questionnaire)

5. Marital Status ☐ Unmarried ☐ Married ☐ Widow(er) ☐ Divorcee

6. a) Country of Residence b) Country of birth

c) City of Birth d) Citizenship

e) Nationality (Please specify in case of nationalities) f) Annual Income (₹)

7. a) Occupation ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Business Owner/ Self Employed

b) Exact nature of occupation/ duties

(Specify if you are in money services/ lottery/ casino/ gambling/ horse jockey/ NGO/ Trust/ Charity/ Real Estate/ Jewellery/ Scrap Dealer/ Diamond dealer)

c) Organization/ Employer Name d) Nature of industry of the Employer/ Organization

e) Office Address – Country f) Office Address - City

8. Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

(PEPs are individuals who are or have been associated with a political party/ politician or holding any senior role in any ministry/ government/ state owned enterprises/ judicial body/ military/ police in India or abroad or those individuals who have any close family members or associates in the said capacity)

If yes, please provide details

9. Communication Address ☐ Current Residential Address ☐ Permanent Residential Address



For Traditional Plans:

I would like to opt for Set-Off Option*: ☐ Yes ☐ No

I would like to opt for Plan Option*: ☐ Life Cover ☐ Accident Plus ☐ Disability Plus

I would like to opt for Plan Option*: ☐ Endowment with Whole Life Cover Option ☐ Endowment Option

I would like to opt for Settlement Option*: ☐ Yes ☐ No

I would like to opt for Plan Option*: ☐ Guaranteed Savings ☐ Guaranteed Savings with Double Protection ☐ Guaranteed Savings with Premium Protection

I would like to opt for Plan Option*: ☐ Guaranteed Cashback ☐ Guaranteed Cashback with Premium Protection ☐ Guaranteed Income Advantage
☐ Guaranteed Single Pay Advantage

Coverage options for Health First Plan:

I would like to opt for: ☐ Major Critical Illness Cover {Type of cover ☐ Level Sum Assured ☐ Increasing Sum Assured}
{ ☐ Monthly Income Benefit Option } { ☐ Return of Premium Option }

I would like to opt for: ☐ Heart Cover {Type of cover ☐ Level Sum Assured ☐ Increasing Sum Assured} { ☐ Monthly Income Benefit Option }

I would like to opt for: ☐ Cancer Cover {Type of cover ☐ Level Sum Assured ☐ Increasing Sum Assured} { ☐ Monthly Income Benefit Option }

(Note: Return of Premium Option under Major Critical Illness Cover is available for a policy term of 10 years to 20 years only.)

For Unit Linked Plans*:

<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Emerging Leaders Equity Fund	India Multi-Cap Equity Fund	Equity II Fund	Growth Plus Fund	Balanced Plus Fund	Debt Fund	Debt Plus Fund	Liquid Fund

The SFIN (Segregated Fund Index Number) for: Emerging Leaders Equity fund is ULIF02020/12/17EMLEDEQFND136, India Multi-Cap Equity Fund is ULIF01816/08/16IMCAPEQFND136, Equity II Fund is ULIF00607/01/10EQUYIIFND136, Growth Plus Fund is ULIF00913/09/10GROWTPLFND136, Balanced Plus Fund is ULIF01013/09/10BLNCDPLFND136, Debt Fund is ULIF00409/07/08INDEBTFUND136, Debt Plus Fund is ULIF01115/09/10DEBTPLFUND136 & Liquid Fund is ULIF00514/07/08LIQUIDFUND136.

Premium Funding Benefit Option Chosen* ☐ Death Only ☐ Death Or TPD

You can select your option(s) from the following*

- ☐ Auto Funds Rebalancing ☐ Milestone Withdrawals ☐ Safety Switch Option
☐ Systematic Transfer Option, Choose Target STO Fund ☐ India Multi-cap Equity Fund ☐ Equity II Fund ☐ Emerging Leaders Equity Fund
☐ Return Protector Option, Target Appreciation _____ % (5% to 15% in multiple of 1)

For Pension Plans:

Annuity option at the time of vesting (maturity) (Please mention Annuity option code as mentioned below)

01	Lifetime Annuity	02	Lifetime Annuity with return of 100% of the Purchase Price	03	Annuity with guaranteed payment period of 5 years
04	Lifetime Annuity with guaranteed payment period of 10 years	05	Lifetime Annuity with guaranteed payment period of 15 years	06	Annuity with guaranteed payment period of 20 years
07	Joint Life Last Survivor	08	Joint Life Last Survivor with return of 100% of the Purchase Price		

Is this pension plan being bought from the proceeds of existing pension plan of the company ☐ Yes ☐ No

(Note: Only Single Premium option is applicable in such cases)

* Please refer sales brochure for details on option(s)/ Unit Linked Fund(s) available under a particular product.

Mode of Renewal Premium Payment

Preference for Renewal Premium Payment

☐ Cheque/ Demand Draft ☐ Standing Instructions/ NACH ☐ Credit Card ☐ Others _____

Please fill Payor Questionnaire, Payor KYC and AML Questionnaire if Payor different than Proposer

Bank Details of Proposer for receiving refund or payments

I hereby request you to transfer all refunds/ payments arising from the stage of proposal until the completion of tenure of the policy, directly to the bank account, details of which are provided herein below.

Note - Please submit relevant supporting documents along with the below details

Account Holder Name

First Name

Middle Name

Last Name

Bank Name

Account No. _____ IFSC Code _____

Branch Address _____

Account Type

☐ Savings ☐ Current ☐ NRE ☐ NRO



Declaration and Authorization

- I hereby declare, on my behalf and/ or on behalf of Life to be Insured, that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of the Life Insured.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the Life to be Insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/ which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/ proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/ proposer for the sole purpose of underwriting the proposal and/ or claims settlement and with any Governmental and/ or Regulatory authority.
- I/We hereby authorize Company to send me any information relating to my proposals/ policies through SMS on the phone number provided by me or through any other mode.
- I have selected the product voluntarily basis my needs and affordability. I/ We also hereby agree that any failure on my/ our part to notify the Company of the required information or if any of the statements, answers and declarations are found to be fraudulently made or amount to misrepresentation, the said contract shall stand terminated and benefits payable under the Policy will be as per applicable laws including Section 45 of the Insurance Act, 1938, as amended from time to time.
- I authorize the Company to conduct screening/ confirmation/ reconfirmation of overall status of my as well as that of the Life to be Insured including the health status through medical examinations, if required, which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/ viral/ fungal infections. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/ AIDS.
- I/ We authorize the Company to seek/ store or/ and to share (within or outside India) my or life to be Insured's information regarding the financial, physical or mental health together with leave records and employment details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/ other authentication agencies (iv) reinsurers/ /hospitals or diagnostic centers/other insurance companies including any past or present employer for underwriting assessment, claim investigation/ settlement, KYC authentication (if permitted), offline verification and policy servicing purpose as per regulatory framework put in place by the Authority. In case of Aadhaar submitted voluntarily as KYC, the record retention and usage will be as per applicable regulations and KYC authentication/ Offline verification shall be for the purpose of issuance of insurance policy/ servicing.
- I hereby consent to receive the information from Central KYC Registry or other statutory authority through sms/ email on the registered number/ email address.
- I/ We declare that the premiums paid/ payable are/ will not be generated from the proceeds of any illegal means/ criminal activities/ offences and I/ We shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I understand that in case of withdrawal of this application by me post undergoing medicals or part thereof, the Company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical test/ examination, if any.

Foreign Account Tax Compliance Act ("FATCA")/ Common Reporting Standards ("CRS") Declaration **(Applicable if the proposer is a US person or is a tax resident outside of India):**

- I/ We certify that (a) I am taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any states of the U.S., or (b) an estate the income of which is subject to U.S federal income tax regardless of the source thereof. **(This clause is applicable only if the proposer is identified as a US person);** or (c) taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the proposer is a tax resident outside of India)**
- I/ We understand that the Company is relying on the information submitted by me for the purpose of determining my status in compliance with FATCA/ CRS. The Company is not able to offer any tax advice on CRS or FATCA or its impact on me. I/ We shall seek advice from professional tax advisor for any tax questions. I/ We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/ We agree that as may be required by domestic regulators/ tax authorities, the Company may also be required to report, reportable details to CBDT or close or suspend my policy. I/ We certify that I/ We provide the information on this form and to the best of my/ our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number.

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females.

Signature/ Thumb Impression of Life to be Insured
Proposer signature required if Life to be Insured is a minor)

Date / /

Signature/ Thumb Impression of Proposer

Place _____

Declaration by Insurance Intermediary's Representative/ Direct Sales Person/ Agent, etc

I _____ have suggested the present product (s) to the Proposer basis the assessment of suitability thereof to the needs of the proposer and have fully explained all the features thereof to the Proposer and he/ she has understood same.

Signature of Insurance Intermediary's
Representative/ Direct Sales Person/ Agent/ Declarant

Vernacular language/ Proposal not filled by Prospect/ Illiterate Declaration:

I _____ Son/ Daughter of _____, adult and residing at _____
do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the proposal form and all other documents in
_____ language to Mr./ Mrs./ Ms. _____ and he/ she has understood the significance of the proposed contract. I have
truthfully and correctly recorded the replies given by the Proposer/ Life to be Insured and that the
Proposer/ Life to be Insured has affixed the signature/ thumb impression above, after fully
understanding the contents thereof. Solemnly affirmed at _____ on _____

I _____ (Proposer) hereby declare that I have understood the questions
and answers of the proposal form as explained by Insurance Intermediary's Representative/ Direct
Sales Person/ Agent/ Declarant

Signature of Insurance Intermediary's
Representative/ Direct Sales Person/ Agent/ Declarant

Signature/ Thumb Impression of Proposer

YOUR COMMUNICATION ADDRESS IS VERY IMPORTANT FOR BETTER SERVICE. PLEASE CHECK IT THOROUGHLY BEFORE SIGNING

Section 41 of Insurance Act, 1938 (as amended from time to time)

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of the sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 of Insurance Act, 1938 (as amended from time to time)

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:
Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:
Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:
Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- (5) Nothing in this sections shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Proposal Acknowledgment

Proposal Number: 1100000001

I, Mr/ Ms _____ have received the proposal for life insurance along with (₹) _____ from
Mr/ Ms _____ towards proposal deposit by the way of Cheque/ DD No. _____ drawn on _____
dated _____ with Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited, _____ branch.

This slip is not your premium receipt. The premium receipt will be issued only on receipt of premium by the Insurer and upon application of the premium to your policy subject to acceptance of risk. Receipt of completed proposal and initial premium does not create any obligation upon the insurer to underwrite the risk. Risk under the policy will not commence till the Insurer accepts the proposal, underwrite the risk and communicates to you the acceptance of the risk on this proposal by issuing the policy.

Details of Insurance Intermediary's representative/ Direct Sale Person/ Agent

Name _____

Code _____

Date / /

Signature



AML000101



aapke vaade,
sar aankhon par

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited,
2nd Floor, Orchid Business Park, Sector – 48, Sohna Road, Gurugram – 122018, Haryana, India, IRDAI Regd. No 136,

Regd Office: Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, Fax: +91 0124 4535099,

Corporate Identity No. - U66010DL200PLC248825

Toll free at **1800-103-0003/ 1800-180-0003 (BSNL/MTNL)** SMS at **9779030003**

E-mail us at customerservice@canarahsbclife.in, Visit us at our website www.canarahsbclife.com

Sales Confidential Report

Name	Designation	Code No.	Branch	Channel

- Customer Name _____
- Is the Proposer/Life to be Assured/ Premium Payor, Politically Exposed Person? ☐ Yes ☐ No
If yes, provide details _____
- Do you notice any adverse health conditions (physical/mental) or personal habits? ☐ Yes ☐ No
If yes, provide details _____
- Do you wish to provide any further information regarding the Proposer and/or Life to be Assured? ☐ Yes ☐ No
If yes, provide details _____

Declaration by Sales Person

- I have personally met the Life to be Assured. I am satisfied with the identity of the Proposer and/or Life to be Assured (where different) or Premium Payor (where different) and verified the completeness of the documents submitted including age proof, income proof, address proof, AML requirements and any other requirements as applicable.
- I confirm that all the key product features and benefits have been explained to the Proposer and have been understood by him/her.
- I confirm that I have clearly explained to the Proposer, the importance of paying all due premiums on time and the impact of opting for early surrender.
- I confirm that the statements in this sales confidential report are true and correct to the best of my knowledge and belief and I confirm that the code of conduct, relevant process and regulations have been complied with.

Signature of SP

Proposal Form No:

Date:

Bank Representative's Supervisor Confidential Report (To be completed by the reporting manager of the person making the sales confidential report if either the Proposer or Life to be Assured are related to Sales Person.)

Based on my independent enquiries, I am satisfied with the identity of the party and I hereby confirm that the statements in the sales confidential report are true and correct to the best of my knowledge and belief.

Signature

Date:

Place:

Name:

Designation:

Employee ID:

Branch:

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regn. No. 136)

2nd Floor, Orchid Business Park, Sector-48, Sohna Road, Gurugram-122018, Haryana, India

Regd Office: Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi-110001, **Fax:** +91 0124 4535099

Corporate Identity No.: U66010DL200PLC248825



AML Addendum

(To be filled in for each role-Proposer/LA/Payor - individually, as applicable)

Proposal Number.....

Name of Proposer/LA/Payor(as applicable).....

1. Former / Other name (if any)- Mr. / Mrs. / Ms?
(Supporting documents are required for former / other name)

2. Have you changed your Country / City of residence in last 3 years ☐ Yes ☐ No
(i) If answered Yes for Q2, Please provide details
.....
.....

(ii) If answered Yes for Q2, Please mention date moved to the new Country / City
.....
.....

3. Have you held any other Nationalities in the past ☐ Yes ☐ No
If answered Yes for Q3, Please provide your previous Nationalities
(a).....
(b).....

4.	1	2	3	4
Country of tax residence (if taxes are/are also filed outside India)				
Tax Identification No.				

5. Government issued Identification number.....
(Not required if any one of these are submitted with application. Aadhaar, PAN, Driving License, Voter ID, Passport etc.,)

Signature
(Proposer / LA / Payor)

Date / /

Version 3.1

Preferred Draw Date: 05th 10th 15th 20th 25th (Not applicable for monthly mode)

We hereby certify that the account number mentioned above is currently operational and the account details mentioned are correct as per our records. We also hereby attest that the signature of the account holder affixed on the SI mandate above.

Signature of the Authorized Bank Official
with Bank Stamp & PA/Emp. Code

a) Kindly fill the form in CAPITAL LETTERS and tick appropriate box as applicable.

b) In case the account is being held in capacity as a Sole Proprietor, (Company A/c) then the appropriate stamp is also required on the Mandate form along with the signatures of the account holder.

The facility of National Automated Clearing House ("Facility" or "NACH") is being provided by Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited ("Company"**) to you subject to the following terms and conditions:

1. You hereby authorize the Company to periodically debit your account for making payments to the Company towards premiums through NACH as per above details. Facility verification charges (if any) may be charged to your account.
2. In case of any change in premium as per the policy contract, Company can debit such changed premium without requiring fresh authorization from you including change in Service Tax & proposed Goods and Services Tax (GST).
3. You agree to maintain sufficient credit balance at all times and in specific 7 days before or after the premium due dates so that the mandate is honored in the first instance. Your bank reserves the right to levy return/dishonor charges at applicable rates from You. In case Facility instruction gets dishonored on the opted draw date due to any reason, the Facility instruction will be presented once again for clearance after 14 days from the date of dishonor.
4. You indemnify and hold Company harmless against any and all liabilities, cost and expenses that may be incurred by the Company due to any acts of omission or commission or negligence on your part.
5. The Facility is available in select banks only and may be withdrawn by the Company at any time after informing you. You can use any permissible alternate mode for premium payment by way of a written notice to the Company and the Bank of not less than 15 days and thereby revoke this Facility free of charge.
6. In case of a decline of a transaction, you can pay premiums through permissible alternate modes. In such a case, the policy will not be removed from the standing instruction mode and subsequent premiums will continue to be debited as per the mandate instructions. However, the Company may remove the policy from standing instruction mode in case of 3 consecutive declined transactions.
7. The Company is not responsible for non-execution or delay in execution of Facility instructions for any other reason beyond the Company's control.
8. Company may modify the terms and conditions by giving you prior intimation. You agree that if you are dissatisfied with the Facility (or any portion of it) or with any of the terms or alterations, your only remedy is to discontinue the use of the Facility.
9. You confirm and declare that the above particulars are correct and complete to the best of your knowledge and by exercising the Facility, You acknowledge having read, understood and agreed to the above terms and conditions.
10. For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.
11. Higher amount of 15% is to be written to accommodate any increase in premium due to changes in Service tax and/or other applicable taxes/cess, and schedule increase as per product specification and change in premium payment mode.

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regd. No 136)
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