



Version 3.0

1. I hereby declare, ratify and confirm that I have submitted the proposal form which was filled in with the help of electronic device in face to face interaction with the sales person for a policy of Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd ("Company") and the product has been selected after undergoing customized need analysis as per Financial Need Assessment Form. I confirm having duly understood the importance of medical declaration pertaining to the product selected. I hereby confirm that the details filled in the proposal form are true, accurate and complete. I further confirm that I am bound by the declarations, undertakings and statements in the proposal form. By signing this document I confirm that I have duly submitted the scanned image of all necessary KYC documents / Tax related information including income proof, address proof and the photograph for the assessment of proposal. In case of any discrepancy between my signatures submitted elsewhere and on this form, I request the Company to consider the signatures on this form.

Product Name

Proposal No:

Proposer Name:

Signature/Thumb Impression of Proposer

Signature of Life to be Assured (Not applicable in case of life to be insured is a minor or life to be insured is same as proposer)

2. Vernacular/Illiterate Declaration: (To be filled only if applicable)

2A. I hereby declare that I have read out and fully explained the contents of the proposal form and all documents to the prospect in the language understood by him/her and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer and that the Proposer has affixed the signature below/thumb impression after fully understanding the contents thereof.

Name of Declarant

Father's Name of Declarant

Address

Date Place Signature of Declarant

2B. I hereby declare that I have understood the terms and conditions of the proposal form as explained by bank's representative/declarant.

Signature/Thumb Impression of Proposer

Signature of Life to be Assured (Not applicable in case of life to be insured is a minor or life to be insured is same as proposer)

NACH / STANDING INSTRUCTION FORM



UMRN Date

Tick (✓) Sponsor Bank Code HSBC02INDIA Utility Code NACH0000000023118

CREATE I/We hereby authorize Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. to debit (tick ✓) SB/CA/CC/SBNRE/SB - NRO/Other

MODIFY

CANCEL Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees Amount in words ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Proposal Number Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank with whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or **Until Cancelled**

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that i am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.

Draw Date: 3rd for Monthly Policy

Certification by Bank

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.

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

Important Note: 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.