

DECLARATION FOR THIRD PARTY PAYMENT



NOTE: Applicable for First Premium Deposit, Renewal Premium, Loan/Foreclosure repayment, Surrender reinstatement repayment, Short Premium (SHP), Top-Up (Cheque / Demand Draft (with name of payer), Transfer of Funds.

Application No. / Policy No.

Payer Name
Salutation First Name Surname

Receipt Number

Address

City State Pin Code



PAN or Form 60

*mandatory and as applicable and defined in Income-tax Rules, 1962

CKYC Number (If available)

I am issuing cheque / demand draft no. _____ dated _____ drawn on _____ bank for an amount of ₹ _____ Rupees _____ only), OR request to transfer ₹ _____ (Rupees _____ only) from policy no. _____ (Source Policy), where I am the policyholder, towards premium deposit for application no./policy no. _____ for the life insurance application submitted by the proposer/ policyholder Mr./Ms./Dr. _____.

Kindly note that I am paying on behalf of the above mentioned proposer/policyholder who is my/our _____ (mention relationship)

Are you a politically exposed person or a relative of a politically exposed person? Yes No

Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

I hereby give consent and voluntarily submit my Aadhaar number to ICICI Prudential Life Insurance Co. Ltd. to fulfil "Know Your Customer" requirements. I hereby consent to receiving information from Central KYC Registry through SMS/email on the registered number/email address.

I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by the Company to download/verify my/our KYC documents from CERSAI*

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that ICICI Prudential reserves the right to take appropriate action.

Signature of Third Party Payer

DECLARATION (to be filled by Proposer/Policyholder)

I _____ hereby confirm that Mr./Ms./Dr. _____ who is _____ (Specify the relationship) is paying on my behalf for above application /policy no. I further confirm that all the information given above is true and correct. I am aware that any refund with respect to this policy owing to freeloop cancellation, withdrawal of application, postponement, cancellation, etc. will be processed to the source from which the premium was paid. Also, in case of receipt of premium from an unacceptable third party or non-submission of proper documentation by an acceptable third party, the refund amount will be processed to the source. Payments other than those in the nature of refunds will be processed to the proposer/beneficiary, as the case may be.

Date:

Signature of Proposer/Policyholder