

6. Height (cm): _____ Weight (kg): _____
7. Name and Address of regular attending Physician: _____
Address: _____
8. Has any of the Life Assured's parents/brothers/sisters suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or paralysis or any other hereditary/familial disorders such as Huntington's disease, polycystic disease of the kidneys or familial polyposis of the colon? Yes No

(If YES, give details) _____
9. Is the child in sound health?
(If NO, give details) _____
10. Since the date of application for this policy has any application for, or reinstatement of life or health insurance been declined, postponed, modified or rated up by Aditya Birla Sun Life Insurance Company Limited (ABSLI) or any other insurance company?

I, the life insured/applicant declare that the above answers are full and true, and agree the application if approved, with the answers given in any declaration which may be required by Aditya Birla Sun Life Insurance Company Limited (ABSLI) relates to the insurability of the life insured or to the change of the policy, shall be the basis of such reinstatement, delivery or change.

I, agree:

- That Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall incur no liability by reason of this application or by reason of any cash paid or settlement made in connection therewith until this application has been approved by Aditya Birla Sun Life Insurance Company Limited (ABSLI) with no change having taken place in the insurability of the insured subsequent to the date of this application.
- All material facts, being facts which might influence the assessment of this application, have been disclosed in this application, it being understood that failure to make such disclosure renders the contract voidable, and
- That submission of this COI does not mean auto reinstatement of my policy and the same is subject to completion of all the requirements including medical requirements if required raised by ABSLI. Upon approval by ABSLI, reinstatement of the policy shall be communicated separately to me.
- That basis my answers in this application, there may be change in the amount of premium payable and I accept and agree to pay the revised premium amount that may be chargeable to me by ABSLI. I further agree to pay the outstanding dues including interest and any other charge as may be applicable to reinstate the policy. I understand and agree that the total outstanding dues payable by me mentioned in the reinstatement quotation shall be valid till the validity period and may change thereafter as per the prevailing norms of the Company.

I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

Signed at _____ on _____ 20_____

Signature of Policy Owner _____ Relationship with Life Insured: _____

Signature in the presence of Mr./Ms. _____ Signature Pf Witness _____

Name of Insurance Advisor: _____ Code of Insurance Advisor: _____

Name of Agency Manager/Relationship Manager: _____

Code of Agency Manager/Relationship Manager: _____

VERNACULAR DECLARATION:

I (We) verify that the contents of the document have been fully explained to me/us and I/we have fully understood them. I/we further confirm that the replies in the certificate of insurability have been recorded as per the information provided by me (us).

I (full name of witness) _____ (relation with the proposer/life to be insured) _____ do hereby state that I have read out and explained the contents of this certificate of insurability and all other documents incidental to reinstating the insurance policy from Aditya Birla Sun Life Insurance Company Limited (ABSLI) to the Proposer and he/she/they have understood the same. I declare that whatever have stated herein above is true and correct to the best of my knowledge and belief.

Signature/Thumb Impression of the Proposer/Life insured
signing in vernacular language

Name & Signature of Witness

FOR/9/17-18/838

Aditya Birla Sun Life Insurance Company Limited
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Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
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