



## Customer Declaration Form | Policy Application Submission

Advisor Code: \_\_\_\_\_ Main Agent Code: \_\_\_\_\_ SP Code: \_\_\_\_\_

I \_\_\_\_\_ request you to process the Application no. \_\_\_\_\_ for product \_\_\_\_\_ for sum assured \_\_\_\_\_ submitted online of along with the Insurance Agent of Aditya Birla Sun Life Insurance Company Limited (ABSLI) Mr/Ms \_\_\_\_\_

I/We confirm that post my meeting with the said Insurance Agent, I/We have read relevant documents/information shared with me & understood the product features, benefit/sales illustration. I/We have submitted and authenticated the E-application using One Time Password (OTP) received on my registered mobile number to buy this product online.

I/We hereby confirm that - I have filled up the e-application form on my own and/or helped by the above referred insurance agent to fill in the details in the E-application form in my / our presence and in accordance with the information provided by me / us. I further understand that besides the policy benefits as specified in the relevant product documents, there are no other benefits attached with this policy.

I/We are uploading the requisite documents (Age/ Address/Identity/Income proof and Photograph etc.) as applicable for further processing of this E-application. The uploaded documents have been duly verified by the insurance agent.

I / We fully understand the nature of questions including health related questions and the importance of disclosing all material information to ABSLI while answering such questions in this E-application. I acknowledge and confirm that all information and details that I have stated in the said E-application are true, accurate, complete and correct.

I / We understand and agree that by submitting this E-application, 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 have signed and submitted a written proposal for insurance to the ABSLI.

I / We undertake to notify ABSLI of any change in the information furnished subsequent to the submitting of this E-application and before the acceptance of risk by the Company.

I / We understand that any mis-statement or suppression or non disclosure of material information submitted or where the Company is not notified of any changes as mentioned above, the Company reserves right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act as amended from time to time.

I / We understand that the Company reserves the right to accept, decline or offer alternate terms on this E-application for life insurance.

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorize the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services.

I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

### APPLICABLE TO NRI/PIO/FOREIGN NATIONAL

• This application shall be processed and underwritten in India and any contract emanating there from shall be subject to Indian Jurisdiction. The contract / policy shall be solely governed and construed in accordance with the laws in India without any reference to the conflict of laws principles. Further, any disputes arising out of the contract / policy shall be subject to the exclusive jurisdiction of the courts in Mumbai.

• All policy related communications shall be sent only to communication addresses of India.

• This document / application does not constitute the distribution of any information or the making of offer or solicitation by anyone in any jurisdiction in which such distribution or offer is not Authorized or to any person to whom it is unlawful to distribute such a document or make such an offer or solicitation

## DECLARATION

- I hereby declare and confirm that I am applying for this policy while I am in India and reside in country as indicated in the application form appended hereby.
- I hereby declare and confirm that I am allowed to procure / obtain life insurance policies offered by Aditya Birla Sun Life Insurance Company Limited (ABSLI).
- I hereby declare and confirm that I am not prohibited / precluded by the laws of any country / jurisdiction to avail life insurance policies from insurance\ company registered in India.
- I/We hereby provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our own Aadhaar number (s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number (s) including demographic information for the purpose of updating the same in my/our policies with my/our PAN.
- I/We hereby declare and confirm that below are my/our signatures, these can be used to confirm my/our identity & verification across all transactions during life cycle of this policy.
- I hereby provide my consent to UIDAI to allow ABSLI to access my KYC data available with UIDAI & also provide my consent to ABSLI to use the data provided by UIDAI for KYC verification purpose.

	Proposer/PrimaryLife	Lifeinsured/SecondaryLife	**Advisor/SP
Signature			
Name			
Date			
Place			

\*\* I confirm having seen & verified the original KYC documents of the customer

## Vernacular Declaration (In case applicable)

I confirm that the terms and conditions of the product applied for by me and the contents of the proposal form and all other documents incidental to availing the insurance policy from Aditya Birla Sun Life Insurance Company Limited (ABSLI), have been fully explained to me by Mr./Ms. \_\_\_\_\_ (Full name of witness) \_\_\_\_\_ (relation with proposer/life to be insured) in \_\_\_\_\_ language and same is fully understood by me. I further confirm that the replies in the proposal form have been recorded as per the information provided by me and are true and correct.

Signature/Thumb impression of the PROPOSER/LIFE to be insured signing in vernacular language

Name & Signature of Witness

Aditya Birla Sun Life Insurance Company Limited  
(Formerly known as Birla Sun Life Insurance Company Limited) Regn.  
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Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013  
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**Aditya Birla Sun Life  
Insurance Company Limited**  
(A subsidiary of Aditya Birla Capital Limited)

