

Please complete this form in BLOCK CAPITAL LETTERS using black ballpoint pen and return the completed form together with your Direct Debit Instruction or Cheque to:

LICI UK, First Floor, Victoria House, 49 Clarendon Road, Watford, WD17 1HP.

1. Personal Details

SINGLE OR FIRST JOINT APPLICANT	
Title: Mr/Mrs/Ms/Miss/Dr/Other	
First Name	
Middle Name	
Last Name	
Address	
Post code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address Start Date:	
Tel. No. (Residence)	
(Mobile)	
Email id:	
(For your information please see Data Protection Notice overleaf)	
Date of Birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(you must be over 18 years of age.)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others (Please put ✓)	
Relationship:	
Occupation:	Income £ pm
Are you a UK resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please put ✓)	
If YES, your National Insurance No. _____	
If NO, your country of residence: _____	
Do you already hold any policies with LIC?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please put ✓)	
If yes, please state policy number(s)	

SECOND APPLICANT (Only for Bonus Builder Joint Life Savings Plan)	
Title: Mr/Mrs/Ms/Miss/Dr/Other	
First Name	
Middle Name	
Last Name	
Address	
Post code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address Start Date:	
Tel. No. (Residence)	
(Mobile)	
Email id:	
(For your information please see Data Protection Notice overleaf)	
Date of Birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(you must be over 18 years of age.)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others (Please put ✓)	
Relationship:	
Occupation:	Income £ pm
Are you a UK resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please put ✓)	
If YES, your National Insurance No. _____	
If NO, your country of residence: _____	
Do you already hold any policies with LIC?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please put ✓)	
If yes, please state policy number(s)	

2. Product Details

CAPITAL INVESTMENT BOND (You must be age 18 or above)

Amount to be invested (minimum £5,000 or £2,000 if existing capital investment bondholder or if reinvestment)

Defensive Managed Fund £_____ (Minimum £1,000 per fund)

Balanced Managed Fund £_____ (Minimum £1,000 per fund)

Bond Managed Fund £_____ (Minimum £1,000 per fund)

Cheque enclosed £_____

Payable to **"LICI UK"** (For Capital Investment Bond application only go straight to page 8)

CAPITAL WITH PROFITS BOND

(You must be between the ages of 18 and 59)

Single Contribution £_____

(minimum £5,000 or £2,000 if you already hold an LICI bond or are reinvesting maturity monies)

Term of Plan (Please tick box) 5 years 10 years 15 years 20 years

(Maximum age at maturity 74 years)

BONUS BUILDER SAVINGS PLAN

(Minimum 10 years, maximum 30 years and maximum age at maturity 75 years)

Contribution and Frequency

Monthly (Minimum £50) £_____ Yearly (Minimum £600) £_____

Sum Assured (Minimum guaranteed cash amount £6000) £_____

Term of the Policy _____

Please tick the box if you wish to include Accidental Death Benefit YES NO



LIC

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

2. Product Details Continued ...

HIGH START BONUSBUILDER SAVINGS PLAN

(You must be between the ages of 18 and 59)

Initial Contribution and Frequency

Monthly (Minimum £50) £ _____ (After 5 years) £ _____

Annual (Minimum £600) £ _____ (After 5 years) £ _____

Term of Plan (Please tick (✓)) 10 years 15 years 20 years 25 years

(Minimum 10 years, Maximum 25 years and maximum age at maturity 74 years)

Option to reduce 1/2 (10 year term only) 1/3 1/4 1/5

Contributions after 5 years of the initial basic contribution (please tick as applicable)

Please tick the box if you wish to include Accidental Death

SPECIAL HIGH START BONUSBUILDER SAVINGS PLAN

(You must be between the ages of 18 and 59)

Initial Contribution and Frequency

Monthly (Minimum £50) £ _____ (After 5 years) £ _____

Annual (Minimum £600) £ _____ (After 5 years) £ _____

(Minimum guaranteed cash amount £6,000)

Term of Plan (Please tick (✓)) 15 years 20 years 25 years

(Minimum 15 years, Maximum 25 years and maximum age at maturity 74 years)

Please tick the box if you wish to include Accidental Death

3. Single or First Joint Applicant

1. Are you receiving or waiting to receive any form of medical advice or treatment including tablets, diet, medicines, inhalers or injections, whether prescribed or not, for any medical or psychiatric condition. Yes No

 2. Have you ever had any serious illness, injury, or any operation or is there a family history of prolonged or serious illness? Yes No

 3. Have you tested positive for HIV/AIDS or hepatitis B or C, or have you been tested or treated for other sexually transmitted diseases or are you awaiting the results of such a test? Yes No

 4. Do you belong to, or have you ever belonged to, or been a sexual partner of, any of the following currently recognised AIDS high risk groups: homosexual, bisexual, intravenous drug user, haemophiliac or recipient of blood or blood products outside of the UK or a sexual partner of any one who are or has been HIV positive? Yes No
- If you have answered yes to question 3 and / or 4, confidentially, details may be submitted in a sealed envelope addressed to **LICI UK, First Floor, Victoria House, 49 Clarendon Road, Watford, WD17 1HP.** and attached to this application.
5. Has any application for life insurance, critical illness or health insurance on your life ever been declined, postponed or accepted at an increased premium or on special terms? Yes No

 6. Do you expect to live abroad or take part in private aviation or hazardous pursuits? Yes No

If yes, please provide further details

7. Please state your height _____ your weight _____

8. Please give details of the doctor who holds your medical records

Name Dr _____

Address _____

Postcode _____

Telephone number _____

4. Second Application (Joint Plans Only)

1. Are you receiving or waiting to receive any form of medical advice or treatment including tablets, diet, medicines, inhalers or injections, whether prescribed or not, for any medical or psychiatric condition. Yes No

2. Have you had any serious illness, injury, or any operation or is there a family history of prolonged or serious illness? Yes No

3. Have you tested positive for HIV/AIDS or hepatitis B or C, or have you been tested or treated for other sexually transmitted diseases or are you awaiting the results of such a test? Yes No

4. Do you belong to, or have you ever belonged to, or been a sexual partner of, any of the following currently recognised AIDS high risk groups: homosexual, bisexual, intravenous drug user, haemophiliac or recipient of blood or blood products outside of the UK or a sexual partner of any one who are or has been HIV positive? Yes No
 If you have answered yes to question 3 and / or 4, confidentially, details may be submitted in a sealed envelope addressed to **LICI UK, First Floor, Victoria House, 49 Clarendon Road, Watford, WD17 1HP.** and attached to this application.

5. Has any application for life insurance, critical illness or health insurance on your life ever been declined, postponed or accepted at an increased premium or on special terms? Yes No

6. Do you expect to live abroad or take part in private aviation or hazardous pursuits? Yes No

If yes, please provide further details

7. Please state your height _____ your weight _____

8. Please give details of the doctor who holds your medical records

Name Dr _____

Address _____

Postcode _____

Telephone number _____

5. Supplementary Questionnaire

(NOT APPLICABLE TO THE CAPITAL INVESTMENT BOND)

If you have answers yes to any of the above questions please give further details by completing the form below. If there is insufficient room please use a blank sheet of paper for any further details, ensuring that you also add your full name and address.

1st or only Life Assured
1. Name of condition
2. Date of first symptoms
3. Description of symptoms
4. Are the conditions or symptoms on going?
5. What medication are you taking (if any)?
6. What investigations have been carried out and what were the results?

2nd or Joint Life Assured
7. Name of condition
8. Date of first symptoms
9. Description of symptoms
10. Are the conditions or symptoms on going?
11. What medication are you taking (if any)?
12. What investigations have been carried out and what were the results?

6. Declaration and Consent

(NOT APPLICABLE TO THE CAPITAL INVESTMENT BOND)

IMPORTANT

Before signing the declaration please ensure that you have read and understood your rights regarding access to your medical records as explained overleaf and note that failure to disclose all material facts may influence the assessment and acceptance of your application or constitute grounds for the rejection of a claim. If in doubt, the facts should be disclosed.

I/We* hereby apply to LIC for the above contract on my life and declare that all answers given are, to the best of my/our knowledge and belief, true and complete, and that I/we have not withheld any material information that may influence the assessment or acceptance of this application. I/we understand that failure to do so may invalidate any future claim.

I/We* agree that all statements made by me in connection with this application shall form the basis of the contract between myself and LIC.

I/We* agree to inform LIC immediately if there is any change in my/our health or personal circumstances before commencement of the contract.

I/We* consent to LIC seeking medical information from any doctor who has at any time attended me concerning anything which affects my physical or mental health, or seeking medical information from any insurance company to which an application has been made on my/our life and I/we authorise the giving of such information.

I/We* have been informed of my statutory rights under The Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained overleaf, and I/we agree that a copy of this consent shall have the same validity as the original.

* Tick as necessary

SINGLE OR FIRST JOINT APPLICANT

<p>1. Do you wish to see the medical report before it is sent to LIC UK <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. I agree to be contacted by LIC UK or its advisors for sales promotions of its products <input type="checkbox"/> Yes <input type="checkbox"/> No (You may withdraw this consent any time by contacting us)</p>
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SECOND APPLICANT (JOINT LIFE ONLY)

<p>1. Do you wish to see the medical report before it is sent to LIC UK <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. I agree to be contacted by LIC UK or its advisors for sales promotions of its products <input type="checkbox"/> Yes <input type="checkbox"/> No (You may withdraw this consent any time by contacting us)</p>
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**Signature
(1st Joint Applicant)**

Date _____/_____/_____

**Signature 2nd Applicant
(Joint Life only)**

Date _____/_____/_____

A copy of the policy conditions and/or application form is available on request

7. Automatic Withdrawal

(ONLY APPLICABLE TO THE CAPITAL INVESTMENT BOND - CIB)

Withdrawals of more than 5% of your initial investment in any one policy year give rise to a chargeable event and the amount withdrawn over 5% is a chargeable gain. Withdrawals within the first 5 years in excess of 5% of your investment are subject to a charge. Please refer to CIB Key Information Document.

Please note that these automatic withdrawals are taken from the value of your Bond and are not income from the fund. It is not advisable to start making withdrawals until the Bond has achieved some initial growth.

Income of _____ % of initial investment or £ _____ (minimum £50)

Please indicate frequency (please tick)

- Annually** (Minimum initial investment £5,000 or £2,000 if existing capital investment bondholder or if reinvestment)
- Half Yearly** (Minimum initial investment £5,000 or £2,000 if existing capital investment bondholder or if reinvestment)
- Quarterly** (Minimum initial investment £5,000 or £4,000 if existing capital investment bondholder or if reinvestment)
- Monthly** (Minimum initial investment £12,000)

Bank/Building Society to which income is to be credited

Name _____

Address _____

Postcode _____

Account in name of _____

Account No.

--	--	--	--	--	--	--	--

Bank Sort Code

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If Building Society, please state Roll No. _____

DECLARATION AND CONSENT FOR CAPITAL INVESTMENT BOND

I hereby apply to LIC for the above bond on my life and declare that all answers given are, to the best of my knowledge and belief, true and complete.

I agree that all statements made by me in connection with this application shall form the basis of the contract between myself and LIC

Signature

_____/_____/_____
 Date

A copy of the policy conditions and/or application form is available on request.

8. Rights and Procedures

Access to Medical Reports Act 1988, Access to personal Files and Medical Reports (Northern Ireland) Order 1991

We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration. Before you sign, you should read this section carefully. It details your rights under the Act.

You do not have to give your consent. If you do not give your consent we may be unable to proceed with your application.

You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request to you in writing. You will then have 21 days to arrange with the doctor to see the report.

If you haven't arranged to see the report within this period the doctor will send it to us. The doctor may charge you a reasonable fee if you ask to see a copy of the report.

If you indicate that you don't want to see the report, we don't have to tell you if we apply for one. You can, however, ask to see a copy of the report within 6 months of it being sent to us.

If you have seen the report before it is sent to us, the doctor will require your written consent to send it to us. You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can however refuse to make any alterations. If the doctor refuses to change the report you may attach a note giving your views.

The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to :

- Adversely affect your physical or mental health or that of others
- Indicate the doctor's intentions to you
- Reveal the identity of a third party who has given information about you unless they have consented to its disclosure or it has been supplied by a health professional involved in caring for you.

In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent we may be unable to proceed with your application.

STATEMENT ON GENETICS

In accordance with the Association of British Insurer's (ABI) policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals to £500,000 or less.

Above this limit you may need to tell us about certain genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use.

If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk/consumer2/disclosure.htm. However you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition. If you wish to disclose to us a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium, providing your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

9. Data Protection Notice (Data Protection Act 2018)

- The Life Insurance Corporation of India, UK Branch (LICI UK) may process the information supplied in this form, or during any future communications, (called the "information") for the purpose of performance of the contract or take steps to enter into a contract with you.
- The information supplied will be processed by WAPEKA, the outsourced service provider appointed by us for providing the policy administration services.
- The information supplied may also be processed by our reinsurers Swiss re if need be.
- The information supplied by you will be verified using third party software in order to comply with Anti Money Laundering (AML) Regulations as required by law from time to time.
- The information supplied by you may be required to be submitted to Government Law enforcement agencies, Insurance regulators or Tax authorities as per laws.
- The information will be held by us for a period of **Six** years from the date all payments under the contract has been made or from the date you contacted us, if later.
- During the period we hold the information, you have right to access the information we hold about you and also inform us of any change in the information we hold. We will not charge you for this unless your request requires excessive resources to handle. Your request should be addressed to LICI UK, First Floor, Victoria House, 49 Clarendon Road, Watford, WD17 1HP or from your registered E-mail to: customer.service@liciu.com quoting the policy reference number.
- We would respond to your access request within 30 days of receipt of the request **and** are convinced that the request has come from you or your authorised representative. If we think our response would take more time we would let you know.
- If you are not happy with our response, you have a right to complain about it to
Information Commissioner's Office Wycliffe House
 Water Lane, Wilmslow, Cheshire, SK9 5AF
 Tel: 0303 123 1113 {local rate} or 01625 545 745 if you prefer to use a national rate number. Fax: 01625 524 510
- LICI UK or WAPEKA may contact you during the period the information is held by us for the purpose of administration of the contract.

10. Tax Status Self Declaration

The UK Government has been and will be agreeing a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer's tax arrangements is part of UK legislation and as a financial services company we are legally obliged to collect it. Please be aware that UK law also obliges us to provide certain information to the tax authorities regarding this policy in the event that this form is not completed.

We are asking for your tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to do so under UK law, and this may be exchanged with other tax authorities as required.

Tax regulations require us to collect certain information about each policy holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. If you have any questions about how to complete this form, please contact your tax advisor.

NB: If you are a Court Deputy, please tick here .

If you are a court appointed deputy you do not need to complete the rest of this form.

1. Are you resident for tax purposes anywhere other than the UK? Yes No If you answer 'No' to this question you need not complete the rest of this form
2. If you answered 'Yes' to question one, please state in the table below the country or countries you are tax resident in, along with your Tax Reference Number / Tax Identification Number(s) (TIN) for those countries if applicable:

Your tax residence generally is the country in which you live for more than half a year. However, special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time. The country in which you pay income tax is likely to be your country of tax residence. If you are a US citizen or hold a US passport or Green Card, you may be considered tax resident in the USA. If you have any doubts about your tax residence, we recommend that you seek legal advice.

Name	Country / Countries of tax residency	Tax reference Number	Not Applicable
			<input type="checkbox"/>
			<input type="checkbox"/>

In completing this form, I/we confirm that the information provided is accurate to the best of my knowledge.

Name (1): Name (2):

Signature (1): Signature (2):

11. Declaration – Annual Premium limit on Qualifying Policies

The plan you have applied for is a qualifying policy with regular premiums.

Qualifying policies are now restricted so that you cannot pay more than £3,600 per annum in total premiums to qualifying policies.

We require the following information from you so that we can process your application.

- Are you a beneficiary under any other qualifying policies? If so, please give details below of the annual premiums and providers of these policies.

Policy No.	Policy Start Date	Provider	Annual Premium	Assignor, if assigned to you, with address

- Please provide your **National Insurance** number below:

Life 1

Life 2

- Please provide your Unique Tax Reference Number (if known):

.....

- We are unable to accept your application if you are already paying more than £3,600 in total in premiums to qualifying policies or if this application would result in you paying more than £3,600 per year in total in premiums to qualifying policies. We therefore need you to sign and date the following declaration.

I declare that the beneficiary of this plan (policyholders) is not paying more than £3,600 per year in total to qualifying policies, or is not the beneficiary of qualifying policies where the annual premiums exceed £3,600

Name (1)

Name (2)

Signature (1)

Signature (2)

Date:

Date:

Place:

Place:

12. Appropriateness

	LIFE 1 ASSURED	LIFE 2 ASSURED
1 Please state the highest level of education attained ie. O-levels / A-levels / Degree etc:		
2 What is / was your occupation or, if retired, your former occupation?		
3 Why did you choose the product you have applied for? (please select all that apply)	Savings <input type="checkbox"/> Investment <input type="checkbox"/> Death cover <input type="checkbox"/>	Savings <input type="checkbox"/> Investment <input type="checkbox"/> Death cover <input type="checkbox"/>
4 Do you currently hold/Have you ever held a savings cum insurance policy? If 'yes', since when? If 'No', do you know our products use company shares, Govt & Corporate loans, and cash some proportions, which are riskier assets?	Yes <input type="checkbox"/> No <input type="checkbox"/> Give year_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Give year_____
5 Have you read the product documentation including the Key Information Document provided to you particularly on costs and its effect on returns?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Are you aware that under certain circumstances you may get back less than what you have paid in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	_____	
Date:	_____	

13. Direct Debit Instructions

Please fill in the whole form using a ball point pen:

Send to:

Life Insurance Corporation of India UK
Victoria House
First Floor, 49 Clarendon Road
Watford
WD17 1HP

Originator's Identification Number

6	7	9	3	6	4
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Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Reference Number PLEASE LEAVE BLANK

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your Bank or Building Society to pay by Direct Debit.

Please pay Life Insurance Corporation of India UK Direct Debit from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Life Insurance Corporation of India UK and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To the Manager
Bank/Building Society

Address

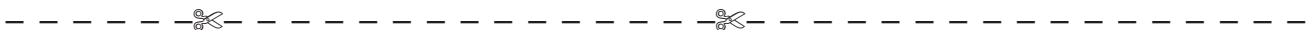
Post Code: _____

Name(s) of Account Holder(s)

Signature(s)

Date: ____ / ____ / ____

Banks and Building Societies may not accept Direct Debit instructions for some type of account



Direct Debit Guarantee



This guarantee should be detached and retained by the Payer

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit LICIUUK will notify you 10 working days in advance of your account being debited or as otherwise agree. If you request LICIUUK to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by LICIUUK or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when LICIUUK asks you to.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also notify us.

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LIC

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

OFFICE USE ONLY

Customer ID

First Life Assured

Second Life Assured

Advisor/Introducer Name

Non Advised

Advised

If submitted put ✓

If verified put ✓

raised

compiled

- | | | | | |
|-----|--|--------------------------|-------|-------|
| 1. | Proposal Form <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 2. | DD Mandate <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 3. | VID <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 4. | Utility Bill <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 5. | Service and Cost Disclosure <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 6. | Client Agreement <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 7. | Illustration <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 8. | Qualifying Prem Declaration <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 9. | Data Protection Notice <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 10. | Tax Status Self Declaration <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 11. | Sanction Search <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

Prop No.

Submitted by

Checked by

Passed or Warned

Letter issued on ____/____/____

Assessed by

- | | | |
|----|---------------------------|--|
| 1. | Product Name | Product type |
| 2. | Term | Age |
| 3. | Regular Premium £ | or Single Premium £ |
| 4. | Method of payment | Sources of Fund |
| 5. | Country of residence | UK/Europe/_____ |
| 6. | Employed or Self Employed | Nature of occupation |
| 7. | Annual Income £ | Risk class Reduced / Intermediate / High |

(If found in sanction search or search or risk classification falls in intermediate / High should be brought to the notice of MLRO)

Assesser

MLRO

- | | | | |
|----|------------------------------|-------|-------|
| 1. | GP Report | | |
| | 1st call | _____ | _____ |
| | 2nd call | _____ | _____ |
| | 3rd call | _____ | _____ |
| | 4th call | _____ | _____ |
| 2. | Sent to SwissRE | _____ | _____ |
| 3. | Consent letter from proposer | _____ | _____ |

Prev. SA = Reinsured Yes / No

Prop. SA = Ceded Amount £ _____

Total =

Decision

Accepted Ord / Extra
Declined NTU / Cancelled

Underwriter Sign

POLICY No.

DD Setup _____

Policy Dispatched _____

Policy Scanned _____

Image uploaded _____



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

END

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