

KYC No.:

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Application No. Solution No.

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.
CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

Simplified Application Form

Please fill	Code	Name
IA/FPC/CSO/DM/ARM		
Specified Person		
PNB MetLife Branch		
Relationship Branch-Name of CA/Broker/Referral Partner / M I A		

Policy Type: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Channel Type: <input type="checkbox"/> Agency <input type="checkbox"/> BABP <input type="checkbox"/> CBA <input type="checkbox"/> CBM Account Type: <input type="checkbox"/> Normal <input type="checkbox"/> Simplified <input type="checkbox"/> Small (For low risk customers)
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PROPOSED INSURED

Paste here **(do not pin or staple)**
* A recent passport size photograph (not more than 6 months old)

Corrections or over writing, if any, must bear full signature of the Applicant.

Instructions / Important Notes: 1. Read the Application carefully before you fill in the details. 2. You are requested to provide COMPLETE and TRUTHFUL information in this Application in relation to your health and habits, within your knowledge as on the date of Application. 3. The information provided by you will form the basis for issuance of the policy. **Please fill in all the questions in block letters and in black ink.** Please tick (✓) in appropriate boxes provided and write NA wherever not applicable. 4. The payments may be made either in, crossed cheque, bank draft made payable to "PNB MetLife India Insurance Co. Ltd." or in any other manner as per the approval of PNB MetLife. 5. All documents submitted along with the Application form should be attested by the Proposed Policy Owner / Policy Holder. 6. The Application form and all rights, obligations and liabilities arising thereunder, shall be construed, determined and enforced in accordance with the laws of India. State code and Country code to be updated as per Indian motor vehicle, 1988 and ISO 3166 country code respectively

A. Proposed Insured Details (To be filled in BLOCK LETTERS)

1. Name (Mr./Mrs./Ms./Dr./Master/Other): (Same as ID Proof)	F I R S T <input type="checkbox"/>	M I D D L E <input type="checkbox"/>	L A S T <input type="checkbox"/>
2. Maiden Name (Ms./Dr./Other):	F I R S T <input type="checkbox"/>	M I D D L E <input type="checkbox"/>	L A S T <input type="checkbox"/>
3. Father's Name (Mr./Dr./Other): (Mandatory)	F I R S T <input type="checkbox"/>	M I D D L E <input type="checkbox"/>	L A S T <input type="checkbox"/>
4. Mother's Name (Ms./Mrs./Dr./Other):	F I R S T <input type="checkbox"/>	M I D D L E <input type="checkbox"/>	L A S T <input type="checkbox"/>
5. Spouse Name (Mr./Mrs./Dr./Other):	F I R S T <input type="checkbox"/>	M I D D L E <input type="checkbox"/>	L A S T <input type="checkbox"/>
6. Date of Birth: <input type="text"/>		7. Place of Birth: <input style="width: 100px;" type="text"/>	(Include Country Name)

8. Gender: <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender	10. Are you Tax resident of any other country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up FATCA/ CRS questionnaire and fill point 13 (iii))
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9. Citizenship: <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others-ISO 3166 Country Code <input type="text"/>	COUNTRY NAME _____
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11. Residential Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National
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12. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others

13. (i) <input type="checkbox"/> Current/Permanent/Overseas Address:	
Address Type: <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	Address Proof: <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Simplified Measures Account - Document Type Code <input type="text"/>
Others _____ (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)	
<input type="checkbox"/> Correspondence/Local Address	
<input type="checkbox"/> Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1)	

(ii) <input type="checkbox"/> Correspondence/Local Address	L A N D M A R K _____ C I T Y / T O W N / V I L L A G E _____ D I S T R I C T _____ P I N / P O S T C O D E _____ S T A T E / U T C O D E _____
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(iii) <input type="checkbox"/> Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes	L A N D M A R K _____ C I T Y / T O W N / V I L L A G E _____ D I S T R I C T _____ P I N / P O S T C O D E _____ S T A T E / U T C O D E _____
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14. Telephone Office: Country Code <input type="text"/> Area/STD Code <input type="text"/> Telephone <input style="width: 100px;" type="text"/> Mobile <input style="width: 100px;" type="text"/> Email _____	Telephone Residence: Country Code <input type="text"/> Area/STD Code <input type="text"/> Telephone <input style="width: 100px;" type="text"/> Fax <input style="width: 100px;" type="text"/>
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15. PAN No. <input style="width: 100px;" type="text"/>	16. Aadhaar Number **: <input style="width: 100px;" type="text"/>
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17. Aadhaar URN **: **In absence of Aadhaar number, Aadhaar URN to be mandatorily provided

18. If you wish to backdate* your policy, please indicate date: *(Backdation can be done up to 180 days within the same financial year only). This option is not applicable for Unit-Linked Insurance Product.

19. Educational Qualification:	<input type="checkbox"/> Post Graduate and Above <input type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> 12th Pass <input type="checkbox"/> 10th Pass <input type="checkbox"/> Below 10th Pass <input type="checkbox"/> Illiterate <input type="checkbox"/> Others (Specify) _____
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20. Occupation:	<input type="checkbox"/> S- Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O- Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B- Business <input type="checkbox"/> X- Not Categorised
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21. Annual Income: _____ 22. Income Proof: _____

23. Additional KYC*: _____ 24. Age Proof*: _____

*Name of additional documents submitted if Proposed Owner is a Trust or Foundation OR Type of Cover is selected as Employer-Employee/ General Partnership/ Key Partnership/ Key Person. *In case of Non Standard Age Proof like Voter ID Card, Ration Card, etc. extra of Rs.2.50 per thousand sum assured will be charged

25. Identity Proof: (Certified copy of anyone of the following Proof of identity [PoI] needs to be submitted)

A- Passport No. _____ Passport Expiry Date B- Voter ID Card _____

C- PAN No. _____ D- Driving License _____ Driving License Expiry Date _____

E- UID (Aadhaar) _____ F- NREGA Job Card _____ Z- Others (any document notified by the central government) _____

S- Simplified Measures Account - Document type code _____ Identification No. _____

26. Do you wish to register Email id on which you will receive communication through Email, we shall stop sending Policy related communication to you in physical form. Yes No

B. Proposed Holder (To be filled if different from the Proposed Insured)

1. Name (Mr./Mrs./Ms./Dr./Master/Other): F I R S T _____ M I D D L E _____ L A S T _____
(Same as ID Proof)

2. Maiden Name (Ms./Dr./Other): F I R S T _____ M I D D L E _____ L A S T _____

3. Father's Name (Mr./Dr./Other): F I R S T _____ M I D D L E _____ L A S T _____
(Mandatory)

4. Mother's Name (Ms./Mrs./Dr./Other): F I R S T _____ M I D D L E _____ L A S T _____

5. Spouse Name (Mr./Mrs./Dr./Other): F I R S T _____ M I D D L E _____ L A S T _____

6. Date of Birth: D D M M Y Y Y Y 7. Place of Birth: _____ (Include Country Name)

8. Gender: M-Male F-Female T- Transgender 9. Marital Status: Married Unmarried Others

10. Citizenship: IN- Indian Others-ISO 3166 Country Code _____ 11. Are you Tax resident of any other country other than India Yes No
[If Yes, please fill up FATCA/ CRS questionnaire and fill point 13 (iii)]

12. (i) Residential Status: Resident Individual Non Resident Indian Person of Indian Origin Foreign National _____ COUNTRY NAME

13. (i) Current/Permanent/Overseas Address:
Address Type: Residential/Business Residential Business Registered Office Unspecified
Address Proof: Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Simplified Measures Account – Document Type Code _____
Others _____ (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)

L A N D M A R K _____ C I T Y / T O W N / V I L L A G E _____

D I S T R I C T _____ P I N / P O S T C O D E _____ S T A T E / U T C O D E _____

(ii) Correspondence/Local Address
 Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1)

L A N D M A R K _____ C I T Y / T O W N / V I L L A G E _____

D I S T R I C T _____ P I N / P O S T C O D E _____ S T A T E / U T C O D E _____

(iii) Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes
 Same as Current/Permanent/Overseas Address Same as Correspondence/Local Address

L A N D M A R K _____ C I T Y / T O W N / V I L L A G E _____

D I S T R I C T _____ P I N / P O S T C O D E _____ S T A T E / U T C O D E _____

PROPOSED HOLDER

Paste here
(do not pin or staple)
* A recent passport size photograph (not more than 6 months old)

14. Telephone Office: Country Code _____ Area/STD Code _____ Telephone _____ Mobile _____ Email _____

Telephone Residence: Country Code _____ Area/STD Code _____ Telephone _____ Fax _____ Country Code _____ Area/STD Code _____ Telephone _____

15. PAN No.: _____ 16. Aadhaar Number**: _____

*Mandatory where total premium paid by PI/PO is 50,000 and above in a financial year.

17. Aadhaar URN**: _____ **In absence of Aadhaar number, Aadhaar URN to be mandatorily provided

18. Educational Qualification Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify) _____

19. Occupation: S- Service (Private Sector Public Sector Government Sector)
 O- Others (Professional Self Employed Retired Housewife Student) B- Business X- Not Categorized

20. Annual Income: _____ 21. Income Proof: _____ 22. Additional KYC*: _____ 23. Age Proof: _____

* Name of additional documents submitted if Proposed Owner is a Trust or Foundation OR Type of Cover is selected as Employer-Employee/ General Partnership/ Key Partnership/ Key Person.

24. Identity Proof: (Certified copy of anyone of the following Proof of identity [PoI] needs to be submitted)

A- Passport No. _____ Passport Expiry Date B- Voter ID Card _____

C- PAN No. _____ D- Driving License _____ Driving License Expiry Date _____

E- UID (Aadhaar) _____ F- NREGA Job Card _____ Z- Others (any document notified by the central government) _____

S- Simplified Measures Account - Document type code _____ Identification No. _____

25. Relationship with Proposed Insured: _____

Life Style Information:

- 1) Have you smoked or consumed tobacco or nicotine products in any form* in the last 5 years? (*Tobacco product includes but not limited to Cigarettes, Bidis, Cigars, chewable tobacco like Gutkha, flavored Pan masala etc.) Yes No
- 2) Please give the following details:

Substance Consumed	Yes	No	Consumed As	Quantity	For No. of months	If stopped consuming, state date since when you stopped
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi	No. of sticks/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
	<input type="checkbox"/>	<input type="checkbox"/>	Gutkha	No. of packets/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	Pint / ml per week <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Narcotics / Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Addictive Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months

* Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, which may include Heads of State or of government, senior politicians (Members of Political parties contested in elections of Local bodies/Legislature/Parliament or Nominated), senior government (All Secretary levels), judicial or military officials (Ranks Equivalent to Major and above), senior executives of state owned corporations, important political party officials. Individuals who are or have been entrusted with a prominent function by an international organization, refers to members of senior management or individuals who have been entrusted with equivalent functions, i.e. directors, deputy directors and members of the board or equivalent functions. Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals who are closely connected to a PEP, either socially or professionally.

G. E-Repository Details

1. If you already have an e-Insurance Account (e-IA) number, kindly provide
2. If you don't have an e-Insurance Account (e-IA), please choose any one of the following
- CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited
- KARVY CIRL - Central Insurance Repository Limited

H. Tax Status Questionnaire (To be filed by Proposed Holder)

- Do you:**
1. Have an United States citizenship or resident status (resident status applies in the event of the Applicant being an entity being created, incorporated or governed by United States Laws): Yes No
2. US place of birth: Yes No
3. US telephone number: Yes No
4. US residence or correspondence address (including a US PO Box): Yes No
5. Standing instructions to transfer funds to a US account: Yes No

In the event of the any of the questions being answered as Yes, please furnish the following:

1.If the Applicant is subject to United States Federal Income Tax please provide the Applicant's U.S. Tax ID Number(s)* or a W-9

2.If the Applicant is not subject to United States Federal Income Tax please provide a self-certification under perjury, and a Non-US passport or other valid government-issued identification evidencing citizenship in a country other than the US or such other forms or declarations as may be informed to you by the Company.

IN CASE OF AN APPLICANT NOT CURRENTLY HAVING US INDICIA, THE APPLICANT AGREES TO INFORM THE COMPANY WITHIN THIRTY (30) DAYS OF THE APPLICANT'S KNOWLEDGE OF SUCH CHANGE IF THE APPLICANT ACQUIRES US INDICIA.**

*If the Applicant(s) is subject to United States Federal Income Tax and fails to provide a U.S. Tax Identification Number to the Company, the Internal Revenue Service requires the Company to withhold tax from taxable income payments made to the Applicant.

- **US indicia (United States Indicia) is defined as any individual or entity who exhibits any of the following:
1. United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws);
 2. US place of birth;
 3. US telephone number;
 4. US residence or correspondence address (including a US PO Box); or
 5. Standing instructions to transfer funds to a US account.

I. Declaration, Agreement and Authorisation

I/We have read this Application or got read/ explained the Application, and furnished the information, after fully understanding the contents thereof. I/we have made complete, true and accurate disclosure of all facts to the best of my/our knowledge and belief and that I/we have not withheld any information. I/We hereby declare, on my/our behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/we am/are authorized to propose on their behalf. I/We understand that the information provided by me/us form the basis of the insurance policy and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited ('PNB MetLife') and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy.

I declare that I consent to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I authorize the Company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I/We hereby consent, and authorize, PNB MetLife to use and disclose any of my/our personal and sensitive information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing/underwriting this application and/or providing subsequent services which will include but not limited to services arising out of the insurance contract, including claims settlement.

AGREEMENT/AUTHORISATION: I do hereby agree that: 1. My statements and this declaration shall be the basis of any policy issued by PNB MetLife India Insurance Co. Ltd. ("PNB MetLife"). 2. If any untrue statement be contained in this Application, the policy contract shall be null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation. In case of fraud, the policy shall be treated in accordance with section 45 of the insurance act.3. Furthermore, I hereby irrevocably authorise any organisation, institution or individual that has any record of knowledge of my health and medical history or any treatment or advice that has been or may hereafter be consulted or other personal information to disclose to PNB MetLife such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity in so far as legally possible. 4. The payment made along with the Application is a Deposit with the Company to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me. Unless accepted and Policy is issued, no risk shall attach to the Company. I further acknowledge that the process of consideration of the Application by the underwriter and decision on acceptance of risk may involve a period of time for which I have no objection. In the event that the Application is found acceptable, you shall be entitled to issue the Policy commencing from any date subsequent to the date of submission of Application by me. I agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa test. 5. I further authorise PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to individuals/organizations/entities associated or affiliated or engaged by/with it (within or outside India, including reinsurers and claim investigative companies and agencies, and industry associations/federations) for the purpose of evaluating insurance on this application and providing subsequent services including the claims arising out of this contract. 6. I understand that renewal premiums if paid by cash, has to be paid only in PNB MetLife branches, Suvidhaa outlets & other authorized cash collection agencies against an official receipt. If it is paid to IA for depositing with the company, then the IA for this purpose is acting as his authorized representative and not that of the Company and the Company shall not be liable for any loss incurred by the customer while doing so. 7. I hereby declare that money used by me to pay the premium under this proposal has not been derived from any criminal or illegal activity or any unknown sources. 8. I hereby declare that the KYC details furnished above are true and correct to the best of my knowledge and belief. 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 I may be held liable for it. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered number / email address. 9. I/We further agree and consent to PNB MetLife receiving my updated address from CERSAI (which I/we understand will happen on my updating the change address before any Bank or other financial Institution) and updating the PNB MetLife database with the said updated address. I/We also agree and consent to PNB MetLife sending future communications regarding my Policy and other related services in the said updated address.

Applicant referred here is the Proposed Owner or else it is Proposed Insured.

Signature/Left Thumb Impression of the Proposed Insured

Signature/Left Thumb impression of the Proposed Owner / Policy Holder (if different from Proposed Insured)

Name of the Proposed Insured: _____

Mobile No. _____ Name of Proposed Owner: _____

Name of Witness: _____

Address of Witness: _____

Date : _____ Place: _____ Signature of the Witness (Witness should not be related to the Proposed Insured / Proposed Owner / Policy Holder)

DECLARATION IN CASE OF VERNACULAR (Can not be signed by sales person or nominee)

Declaration by the person filling in the Application. (In case the Application is filled up / signed in a language different from that of the Application form.)

I hereby declare that I have fully explained the contents of the Application form and all other documents incidental to availing the insurance from PNB MetLife to the Applicant in the language understood by him/her. The same have been fully understood by him / her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to, fully understood and confirmed by the Applicant.

Declarant's Name _____ Address _____

The content of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

_____ Date _____ Place _____ Signature of Declarant _____ Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured _____

DECLARATION IN CASE THE APPLICANT IS ILLITERATE (Can not be signed by sales person or nominee)

In case the Applicant is illiterate, a person of standing, unconnected with PNB MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant

I hereby declare that I have explained the contents of this Application in _____ language to the Applicant. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Applicant and the replies have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/her left thumb impression in my presence.

Declarant's Name _____ Address _____

_____ Date _____ Place _____ Signature of Declarant _____ Left Thumb Impression of Proposed Holder / Proposed Insured _____

DECLARATION IN CASE PREMIUM PAYER DIFFERENT FROM THE APPLICANT

In Case the premium payer is different from the Applicant* he/she needs to attest the following declaration.

I declare that I will pay the premiums falling due on this Application for life insurance till such time proposed insured starts earning and becomes capable of paying the Premiums on his/her own.

Name of Premium Payer _____ Annual Income _____

Relationship with Proposed Owner _____ Signature OR Left Thumb Impression of Proposed Insured / Owner _____

Address _____ Pin _____

Date _____ Place _____ Signature of Premium Payer _____

Section 45 of the Insurance Act, 1938 : 1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b. The active concealment of a fact by the insured having knowledge or belief of the fact; c. Any other act fitted to deceive; and d. Any such act or omission as the law specifically declares to be fraudulent. Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Section 41 of the Insurance Act, 1938 : (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Tear Here

Tear Here

ACKNOWLEDGEMENT

Application No.



PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

"A/c Payee" Cheque/Draft should be drawn in favour of PNB MetLife India Insurance Company Limited only.

PI/PO Name :			Insurance Agent/ Broker/ Specified Person Name and Code :		
Corporate Agent Name:					
Amount (In figures) :		Amount (In words) :			
Premium Payment Option: Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/>					
Cheque/Draft No. :		Bank Name :		Cheque/Draft Date :	

Signature of Agent/ Broker/ Specified Person: _____ Seal/ stamp of the Broker/ Corporate Agent: _____ Date: _____

The marks "PNB" and "MetLife" are the registered trademarks of Punjab National Bank and Metropolitan Life Insurance Company, Respectively. PNB MetLife India Insurance Company Limited is a licensed user of these marks.

AGENT REPORT

IA/SP/BROKER/DM CODE

Name of the IA/SP/Authorised Person of the Broker/DM

IA/SP/Broker/DM Mobile No

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1. Name of the Proposed Insured _____
2. Are you related to the Proposed Insured / Proposed Holder? Yes No
If yes, nature of relationship _____
3. Is this Application on your own life? Yes No
4. Name of Plan opted by PI/PO _____
5. Face Amount/Sum Assured (in Rs.)

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6. Riders opted by PI/PO _____
7. Have you explained fully the terms and conditions of the plan to the Applicant*? Yes No
8. Does the Applicant* currently reside in Rural area? Yes No
9. (a) Since when do you know the Proposed Insured / Proposed Holder? Years Months
(b) Are you satisfied with the Identity of the Proposed Insured? Yes No
(c) Does the Proposed Insured have any physical deformity/defect or mental retardation? Yes No
(d) What is the estimated income of the Proposed Insured/ Proposed Holder?

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10. What is the Proposed Insured's state of health at the time of completion of this Application?

11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:
Height in cms or ft. Inches Weight in kgs or Pounds

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12. Is this Application a replacement for an existing policy of the Applicant? If Yes, please complete the Replacement Questionnaire. Yes No
13. Has the Applicant been informed about the following?
(a) Charges Yes No (b) Surrender charges Yes No
(d) Is the product recommended suitable for the applicant keeping in mind his/her need, Income, risk appetite and long term financial goal? Yes No
(f) If the total premium exceeds 30% of the annual income of the applicant "are you satisfied that the product is sold within the financial capacity of the Applicant" Yes No
(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
(e) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Policies only). Yes No
14. Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No
15. Was any negative customer behavior observed relating to customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information? If yes, please provide details _____

Certification: I have carefully ascertained the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief.

Date

D	D	M	M	Y	Y	Y	Y
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Signature of the IA/SP/DM/ authorised person of the broker

1. Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his/ her details.
2. Incase of Broker, authorised person to sign & provide their details.
3. Respective agent as specified above to authenticate all documents like KYC, BI etc. with their signature & Original Seen Verified.

Seal/Stamp of CA/Broker/Micro Insurance Agent
(from where business is being solicited)

ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date:

D	D	M	M	Y	Y
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Emp. Name:

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Emp. Code:

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Emp. Designation:

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Emp. Branch:

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INSTITUTION DETAILS

Name:

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Code:

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Tear Here

Tear Here

Your Customer Services' Toll Free Number :

1-800-425-6969

You can send email to us at :

indiaservice@pnbmetlife.co.in

You can write to us at :

PNB MetLife India Insurance Co. Ltd., Office, Unit No. 101, 1st Floor, Techniplex-1, Techniplex complex veer Savarkar Flypver, Off S V Road Goregaon (West)

IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of Risk is subject to policy terms & conditions.
3. For Unit Linked Policies, the NAV would be allocated as per the date and time of, premium payment information being received by PNB MetLife from customer directly or through vendors. If the information is received before 3:00 PM on a business day, the same day's NAV is applicable and for other's NAV for the next business day shall be applicable.
4. Premium paid before policy due date will be allocated on policy due date.
5. Premium paid within 180 days of due date will be allocated on next business day of premium paid date.
6. Premium paid in lapsed policy after 180 days of due date, will be allocated on completion of all re-instatement requirements and reviewed by PMLI.
7. All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash.
8. This can be used only for collecting the initial premium and cannot be used for renewal premium collection.

Beware of spurious phone calls and fictitious/fraudulent offers

IRDA of India clarifies to public that

1. IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
2. IRDA of India does not announce any bonus. Public receiving such phone calls to lodge a police complaint along with details of phone call and number.