

Addendum to Proposal form 340

DECLARATION BY THE LIFE TO BE ASSURED

I _____ (Name of the life to be assured) whose life is herein being proposed to be assured, do hereby declare that the statements and answers under heading Section -I(B), and Section III of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information.

Notwithstanding the provisions of any law , usage , custom or convention for the time being in force prohibiting any doctor , Hospital, diagnostic center and /or Employer , reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance , financial etc on the ground of Privacy , I/ my heirs , executors , administrators and assignees or any person or persons , having interest of any kind whatsoever in the policy contract issued to me , hereby agree , that such authority, having such knowledge or information , shall at any time be at liberty to divulge any such knowledge or information to the Corporation and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls , SMS/ E mail from Central KYC registry in this regard.

I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance .

I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc

I also understand that the terms and conditions including premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at _____ on the _____ day of _____ 2020

Signature of Witness: _____ (signature or Thumb impression of the life to be assured)

Name:

Occupation and address: