

# CUSTOMER DECLARATION

CDF Ver 1.3



Applicable for applicants signing in English

Applicants affixing thumb impression or signing in vernacular language, please ensure relevant confirmation from the witness(attach 'vernacular declaration')  
In such cases it would be presumed that the witness would have explained contents of the form and this declaration to the applicant before submission.

Unique Reference/Application Number 

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**PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED**

To,  
ICICI Prudential Life Insurance Co. Ltd.  
Subject: Submission of Online Application

I/We \_\_\_\_\_ (Life Assured and the Proposer) request you to process the  
Application Number \_\_\_\_\_ for  
\_\_\_\_\_ (Product Name) submitted online by me/ us on ICICI Prudential's website  
www.iciciprulife.com.

Proposer's / Primary Proposer's  
Photograph  
(Please affix color photograph)

I/We confirm that I/ we have read relevant documentation/ information and have understood the product features and benefits.  
I/ We agree that post my/our meeting with \_\_\_\_\_ bearing license/certificate number \_\_\_\_\_ I/we  
has/have submitted the application to buy this product of my/our own accord.  
I/We hereby confirm that Mr./Ms. \_\_\_\_\_, has duly filled the details in the application form in my/our presence and in  
accordance with the information provided by me/us. I/We acknowledge that the information stated in the above application form is true and correct and I/we have duly  
checked and verified the same. Further, I/we am/are submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as applicable for further  
processing of this application.  
I/ We understand and agree that by submitting this application through the Company's website, 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 Company.  
I/We fully understand the nature of the questions including health related questions and the importance of disclosing all material information to the Company while  
answering such questions in this application. I/We declare that answers given by me/us to all the questions in the above online application including the information  
given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health & habits of the life/lives to be assured are true and complete in every respect.  
I/ We undertake to notify ICICI Prudential Life Insurance Company Limited ("the Company") of any change in the information with respect to the life to be assured  
subsequent to the submitting of this application and before the acceptance of the 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 change as  
mentioned above, the Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act.  
The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance.  
I hereby declare and confirm that I am making the premium payment towards this application through my own bank account/credit card and I agree to submit a third  
party declaration in case the premium payment is not made from my own account.

I/We am/are aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies and other such entities to enable  
sharing/collecting/validating my/our KYC related documents/information, as available with the said institutions/agencies/entities. I/We also understand and confirm  
that my/our contact details or other information, may be shared on confidential basis, within the ICICI group and/or with any service provider/third party agency with  
whom the Company has tie-ups/arrangements, may also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory  
authority or if required for the purpose of preventing fraud. Further, I/we am/are an existing customer(s) of ICICI Bank Limited and / \_\_\_\_\_ (Name of the entity)  
and give my/our consent to ICICI Bank/ \_\_\_\_\_ (Name of the entity) to share my/our details for the purpose of my/our application for insurance policy.

### APPLICABLE TO NRI/ PIO/ FOREIGN NATIONAL:

- These applications shall be processed and underwritten in India and any contract emanating therefrom shall be subject to Indian jurisdiction. The contract/policy shall be solely governed and construed in accordance with the laws of India without any reference to the conflict of laws principles. Further, any dispute arising out of the contract/policy shall be subject to the exclusive jurisdiction of the courts of Mumbai.
- All policy related communication shall be sent only to communication addresses of India, Bahrain and Dubai.
- 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 (PLEASE TICK AS APPLICABLE):

- I hereby declare and confirm that I am applying for this policy while I am in India/Bahrain/Dubai and I 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 ICICI Prudential Life Insurance Company Ltd.
- 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 companies registered in India.

### IN CASE OF COMBINATION SALES:

I have opted for the Combination Solution comprising products like \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, as it would assist me in planning my finances. The authorized person has explained the product features and options to me. I also understand that these are different products and can also be availed separately. Having chosen to avail these products, I have made the payment of Rs. \_\_\_\_\_ towards the first premium deposit for the above products. Further, I understand and agree that in case application(s) for any of the products is/are rejected, all the applications within this combination would be rejected. Any sum towards premium shall be refunded with deductions of appropriate charges.

Date 

D	D	M	M	Y	Y	Y	Y
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Place \_\_\_\_\_

\_\_\_\_\_  
(Signature of Life Assured)  
(If different from Proposer)

\_\_\_\_\_  
(Signature of Proposer)