BEAJAJ   Allianz (II) Bajaj Allianz Life Insurance Co, Ltd.							Арр	licati	ion I	No. v	vith	barco	de					Coml	oi ID								¬ г	В	B	BA	\_\	yours All eral Insura	ianz (	
UIN: BAJHLIP19087V011819																																		
Proposal Form for Life Insurance	e To b	e fille	ed in	Block	k lett	ers	only																											
1.Proposal Details																					Dace	sport	Sizo	Pac	ont				Dэ	ccno	ort Si	ze Rece	ınt	
Proposal Type:  Individual	J	loint	Life																		P	hoto osed	grap	ph of					Р	hoto	ogra	ph of 2" sured (I	nd	
P- Proposed Insured/ Primary mem					', D2-	-Chil	ld														РГОР	osea	IIIS	urea	(P)				PIO	pose	eu m	sureu (i	(וט	
of 'P', D3-Child of 'P', D4-Child of 'P',	, D5-0	Child	of 'P'																															
Bajaj Allianz Total Hea	lth	Sec	ure	Go	al																													
2.Personal Details							Pr	opose	ed I	nsure	ed (F	2)												Prop	oser	/ 2 <sup>nd</sup>	Prop	osed	Inci	ıred	(D1)	<u> </u>		
	Prefix	x – M	lr/ M	ıs/ Dı	r.	Suf						thers				<u> </u>		Pre	fix – ľ	Mr/ N	∕ls/ ∣	Dr.						B/ Ot			ָוע)	) 		
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Gender	L	Ma			-	mal	1	. 1	, 1						1	ı			Ma			emale	1	- 1	- 1		tion	with	Life	Assu	ıred_		1	1 1
Date of Birth/Age	D	D	M	M	Υ	Υ	/ \\	Y	Y	1		1	ı	Ag I	e:	+	┨	D	D	M	Λ	/I Y		Υ	Υ	Υ		ı	ı	ı	ı	Age:		
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Alternate Mobile No.			<u>                                     </u>		<u> </u>	1	1		+							1		-	<u> </u>			1	1							<u> </u>	1		1	
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Email ID Facebook ID									-									-					<u> </u>							+				
Father's Name			<u> </u>			1		+	+					+		1			+			+	+					1		$^{+}$	+			
Mother's Name						1		+	1					+	+		1	H				+	1							+	1			
Marital Status		Sing	I— gle		Ma	 arrie	ed		$\dashv$	Divo	rced			Wido	wed		_		Si	ngle		N	larri	ied			Div	orce	— d	t	١,	Widow	 ed	
Name of Spouse									┪			Ì		- [					Ī	Ĭ		ī			Ì						1			
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Country of Residence														Resid		lan						Ī												
Current Mailing Address																									Per	man	ent /	Addr						
Current Mailing Address Address type				ial/ B			F	Reside				usine	SS		gistere						tial/	Busir	ness			man iden		_	ess Busir	ness		Regist		Office
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Current Mailing Address  Address type Pin code C/O Flat/Door no. Name of Premises Road/Street/Lane Landmark (Near/ Opp / Behind) Village Post/Area/Nagar Town/suburb/Taluka Police Station District Politically Exposed Person	Politica	Resid	denti		usine	ess		Reside	enti	al R	B	usine	LA: _	Reg	gistered	d Office	ce =	ıblic fu	Res	siden	ails_	Busir			Res	iden	tial	Relat	Busir	tto L	A:	Regist	eered (	No
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Current Mailing Address  Address type Pin code C/O Flat/Door no. Name of Premises Road/Street/Lane Landmark (Near/ Opp / Behind) Village Post/Area/Nagar Town/suburb/Taluka Police Station District Politically Exposed Person If Yes, give details  3.KYC & AML Details Annual Income (in ₹)	Politica	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	l l l l l l l l l l l l l l l l l l l	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code C/O Flat/Door no. Name of Premises Road/Street/Lane Landmark (Near/ Opp / Behind) Village Post/Area/Nagar Town/suburb/Taluka Police Station District Politically Exposed Person If Yes, give details  3.KYC & AML Details Annual Income (in ₹) PAN	Politica	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	lblic fu	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code C/O Flat/Door no. Name of Premises Road/Street/Lane Landmark (Near/ Opp / Behind) Village Post/Area/Nagar Town/suburb/Taluka Police Station District Politically Exposed Person If Yes, give details  3.KYC & AML Details Annual Income (in ₹) PAN GSTIN, if available AADHAAR NO. Unique KYC Identifier code	Politice	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	L L L L L L L L L L L L L L L L L L L	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code  C/O  Flat/Door no.  Name of Premises  Road/Street/Lane  Landmark (Near/ Opp / Behind)  Village  Post/Area/Nagar  Town/suburb/Taluka  Police Station  District  Politically Exposed Person  If Yes, give details  3.KYC & AML Details  Annual Income (in ₹)  PAN  GSTIN, if available  AADHAAR NO.	Politica	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	L L L L L L L L L L L L L L L L L L L	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code C/O Flat/Door no. Name of Premises Road/Street/Lane Landmark (Near/ Opp / Behind) Village Post/Area/Nagar Town/suburb/Taluka Police Station District Politically Exposed Person If Yes, give details  3.KYC & AML Details Annual Income (in ₹) PAN GSTIN, if available AADHAAR NO. Unique KYC Identifier code E-Insurance Account (eIA) No.* 'for opening new eld please submit separate application form. Age Proof	Politica	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	iblic full	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code C/O Flat/Door no. Name of Premises Road/Street/Lane Landmark (Near/ Opp / Behind) Village Post/Area/Nagar Town/suburb/Taluka Police Station District Politically Exposed Person If Yes, give details  3.KYC & AML Details Annual Income (in ₹) PAN CSTIN, if available AADHAAR NO. Unique KYC Identifier code E-Insurance Account (eIA) No.* *For opening new eIA please submit separate application form. Age Proof Identity Proof	Politice	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	lblic fue indiv	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code  C/O  Flat/Door no.  Name of Premises  Road/Street/Lane  Landmark (Near/ Opp / Behind)  Village  Post/Area/Nagar  Town/suburb/Taluka  Police Station  District  Politically Exposed Person If Yes, give details  3.KYC & AML Details  Annual Income (in ₹)  PAN  GSTIN, if available  AADHAAR NO.  Unique KYC Identifier code  E-Insurance Account (eIA) No.*  **ror opening new elA please submit separate application form.  Age Proof Identity Proof  Address Proof		Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	ent pu	ablic fu	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No
Current Mailing Address  Address type Pin code  C/O  Flat/Door no.  Name of Premises  Road/Street/Lane  Landmark (Near/ Opp / Behind)  Village  Post/Area/Nagar  Town/suburb/Taluka  Police Station  District  Politically Exposed Person If Yes, give details  3.KYC & AML Details  Annual Income (in ₹)  PAN  GSTIN, if available  AADHAAR NO.  Unique KYC Identifier code  E-Insurance Account (eIA) No.*  *For opening new eIA please submit separate application form.  Age Proof Identity Proof	Politicer	Resid	denti		usine	ess		Reside	enti	al R	B B B B B B B B B B B B B B B B B B B	usine	LA: _	Rec	gistered	d Office	nnt pu	iblic fue indiv	Res	siden	ails_	Busir	pad,,	e.g. H	Res	of Stangs, in	tes or -laws	Relat	Busir	tto LA	A:	J J J J J J J J J J J J J J J J J J J	cered (	No No

LIFE GOALS. <b>DONE.</b>	Appli	cation No. with ba	rcode		Comb	i ID				C	aringly yours	
® BAJAJ Allianz ⑩											BAJAJ Allia	nz (II)
Bajaj Allianz Life Insurance Co. Ltd.											Allianz General Insuranc	
4.Education & Occupation Deta	ails	Propose	ed Insured (P)					Pr	oposer / 2 <sup>n</sup>	d Proposed Ins		
Education	Master & above			Primary [	None		Master &				on Primary	None
Occupation		Business [ Unemployed [	Professional Agriculture		Retired Student		Salaried Housewit Others	Busii fe Uner	ness nployed	Profess Agricul		etired udent
Nature of Duties												
Employer's Name & Website/ Business details												
5.Nominee Details (Under Sec. 3	39 of Insurance Act 1938	B) To be filled where	e Proposed Insur	ed and Pro	oposer are	same		Appointee D	etails (If No	ominee is a mi	nor)	
Name & Surname												
Date of Birth	D D M M	Y Nominee contact no.				D	D M	MYY	YY			
Relationship to Proposed Insured	1					Rela	tionship to	Nominee				
6. Details of Policies held and/o		ance Company (Life	e & Health) inclu	ding detai	ils of declir	ned,	Propos	ed Insured (P)		2 <sup>nd</sup> Pro	oposed Insured (D1	)
deferred or postponed propo Has any of life and /Health Insur		nsurance nronosal c	or revival request	heen dec	lined /	-	🗀	[	¬ :	[	` <u>`</u>	<u>′                                    </u>
postponed / dropped / rated up			. revival request				Yes	No _		Yes	No	
Annual premium paid by you for	r Insurance policies of yo	our spouse / childre	n / dependents?			₹	Count of	Total CA /	in ₹)	₹ Count of	Total CA (in	<b>.</b> ∓\
Please provide if any Life Insurar		cover held					al Policies	Total SA (	in ()	Total Polici		14)
or currently applied with any of 7. Family Details	ine msurer?						Propose	d Insured (P)		2 <sup>nd</sup> Propo	sed Insured (D1)	
Is there a history of Diabetes, Ca	ancer, High Blood Pressu	re, Heart or Kidnev	diseases. comm	unicable d	liseases	Yes	П	No No		Yes	No No	
like Tuberculosis, Alcoholism, M	lental Illness or suicide ir	n your family?				163		140		163		
If Yes, how many family member			ignosis?			:		o nd	:	1(54)		
Family Member Age		posed Insured (P) Alive) Age (When	Died) Carra	of Death	Ac	ie III	ealth Status			nsured (D1) nen Died)	Cause of Deat	·h
Father	Health Status (II A	Alive) Age (When	Dieu) Cause	oi Deatti	Ag	je n	eaitii Status	s (II Alive)	Age (WI	ien bied)	Cause of Deat	.11
Mother												
Brothers Sisters												-
Spouse												
Children												
8. Bajaj Allianz Total Health Sec	ure Goal											
l-secure				1 1	1 1							
Option/Variant												
Premium Paying Term			Ben	efit Term				Sum Assured/ oposed Insure			enefit (GMB) Proposer Insured	
Premium Amount								iders	SA/GMB			A/GMB
Premium Frequency:	Single	arly Half year	ly Quarter	che N	Monthly		/lain Covera	age (Basic)			rage (Basic)	
. ,	Single Yea			, L	vioritiny		ADB APTPDB			ADB APTPDB		
Premium Paid by	Proposed Insure	ed Proposer	Others (Thi	ra Party)			CI TIB			CI FIB		
Health Guard								e policy & Ride	rs		ase policy & Riders	
Policy Period:	1 year		Plan:	Silver	Gold							
Sum Insured Options:	<ul><li>a) Health Guard Indiv</li><li>b) Health Guard Fam</li></ul>							he member de	tails table			
	,	3 lacs 4 lacs	5 lacs 7.5 l					25 lacs 30 la	cs 35 la	ics 40 lacs	45 lacs 50 lacs	S
Premium Payment Zone:	Zone A Zo	one B										
There are Two Zones for Prer Zone A: "Following cities has be												
Delhi / NCR, Mumbai includin			abad and Secun	derabad,	Bangalore	, Kolkata,	Ahmedaba	d, Vadodara aı	nd Surat.			
Zone B: Rest of India apart fro	m Zone A cities are clas	ssified as Zone B.								1		٠.
Note:-Policyholders paying Zo will have to pay 20% co-payme									nium rates	and avail trea	itment in Zone A c	ity
Policyholder residing in Zone	B c <u>an c</u> hoo <u>se to</u> pay pre	emium for Zone A	and ava <u>il tr</u> eatm	ent all ove	er India wi							
Co-pay Discount: Note: If opted voluntarily by the		es please choose of				ectively or	n the nolicy	nremium In	case of a c	laim has heen	admitted under	
occ. ii opica voidilialily Dy li										.a.i i ilus DCCII	. aarmeed diluci	
In-patient Hospitalisation Trea												
	BE INSURED											
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO		Relationship	Date of Birth	Ago	Haiaht	Moiabt	Gender	Sum		M	Nominee	
In-patient Hospitalisation Trea		Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Height	Weight	Gender (M/ F)	Sum Insured		Nominee	Relationship with Insured	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO		1		Age	Height	Weight				Nominee	Relationship	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO		1		Age	Height	Weight				Nominee	Relationship	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO		1		Age	Height	Weight				Nominee	Relationship	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO  Member Details	5	with Proposer	DD/MM/YYYY				(M/ F)	Insured			Relationship with Insured	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO	5	with Proposer	DD/MM/YYYY	rith any ac			(M/ F)	Insured		italization? (Ple	Relationship with Insured	e given belo
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO  Member Details  Do you or any of the family men	5	with Proposer  e/had any health co	DD/MM/YYYY	rith any ac	cident in t		(M/ F)	Insured	nent/ hosp	italization? (Ple Currer	Relationship with Insured	e given belo
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO  Member Details  Do you or any of the family men	s nbers to be covered have	with Proposer  e/had any health co	DD/MM/YYYY  pmplaints/met w  lness/injury suff	rith any ac	cident in t	he past an	(M/ F)	Insured	nent/ hosp	italization? (Ple Currer	Relationship with Insured  asseptive details in the table at Status	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO  Member Details  Do you or any of the family men	s nbers to be covered have	with Proposer  e/had any health co	DD/MM/YYYY  pmplaints/met w  lness/injury suff	rith any ac	cident in t	he past an	(M/ F)	Insured	nent/ hosp	italization? (Ple Currer	Relationship with Insured  asseptive details in the table at Status	
In-patient Hospitalisation Trea  9. DETAILS OF PERSONS TO  Member Details  Do you or any of the family men	s nbers to be covered have	with Proposer  e/had any health co	DD/MM/YYYY  pmplaints/met w  lness/injury suff	rith any ac	cident in t	he past an	(M/ F)	Insured	nent/ hosp	italization? (Ple Currer	Relationship with Insured  asseptive details in the table at Status	e given belov

LIFE GOALS. DONE. Application No. with barcode			Co	ombi ID									<u> </u>			
Allianz (ii)															yours	
Bajaj Allianz Life Insurance Co. Ltd.												D-	_		eral Insu	
10. Bank Details								For T	hird	Party	Pren	nium			erai ilisu	rance co
Bank & Branch Name				Premium							T T C I		ay			
Account Number				Payer's Name Relationship to												
IFSC Code				Proposed Insured						Ш		Щ		$\perp$		Щ
				Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ	Gend	er M	F	Age
Account Type Current Savings NRE NRO				Address							DINI	ا ـ بـ ـ ـ			1	1 1
11. Premium Collection Details										1 1	PIN	Code	_	_		
Proposal Deposit Cheque DD Credit/Debit Card Cash Renewal Premium Classification (Cash Cash Cash Cash Cash Cash Cash Cash				PAN								Щ	_			
Payment Method Cheque/Cash/DD NACH CCSI ADI				Aadhaar No.												
12. a) Declaration of Good Health	Plea	ase men	tion as Y	es (Y) or No (N)	Р		D.	1		D2		D3		D <sub>1</sub>	4	D5
Have you ever been diagnosed with, received any treatment or been referred for	9			,				_				_	_		_	
<ul><li>a) Chest Pain / Heart Attack / blood pressure / high cholesterol/ other cardiovasc</li><li>b) Undergone Angioplasty / Bypass surgery / any other Heart related surgery?</li></ul>	ular disea	ase or dis	sorder?				Ļ	$\exists$	ļ	_		L	_	L	4	L
c) Diabetes / High blood sugar / Sugar in Urine / Other Endocrine system disorde	rs such as	s hypoth	vroidisn	n?			-	$\dashv$	ļ	_			-		-	-
d) Asthma / Tuberculosis / any other respiratory disorder?		31	,					$\dashv$					-		$\dashv$	
e) Stroke / paralysis / Epilepsy / Head Injury / Other Nervous disorder?					П			٦.	1				1		7	
f) Pancreatitis / Colitis / recurrent indigestion / ulcers / other Gastrointestinal dis	orders?								ĺ							
g) Liver or gall bladder disorders / Jaundice / Hepatitis B or C?					$\square$		Ĺ	_	[	]		F	_		4	L
h) Genitourinary disorders related to Kidney, prostate or urinary system?     i) Cancer / Tumor / Unusual growth or cyst of any kind?					$\square$		L	4	ļ				4		4	
j) HIV infection or positive test of HIV for yourself / spouse / parents?					H		$\vdash$	$\dashv$	ļ	$\dashv$		-	4	<u> </u>	$\dashv$	<u> </u>
k) Any blood disorders like Anemia, Thalassemia etc?					Н			$\dashv$	}	-			-		$\dashv$	$\vdash$
I) Any Physical deformity or handicap, joints or muscular disorder, congenital def	fect or me	ental / p	sychiatri	c disorder?				7	Ì				1		7	
m) Any Injury / Surgery / Medical condition requiring Hospitalization or any medi	cal condi	tion / dis	sorder n	ot covered above?					ĺ							
n) Any diseases and disorders of eye, ear, nose, throat	.: al	+ 20 - -		4					[							
<ul> <li>o) In the last 5 years, have you ever had, or been advised to have, or are likely with examination or any investigations such as but not limited to blood test, urine to any other special instrument?</li> </ul>									l							
p) Have you consumed tobacco in any form during last 5 years?									[							
q) Do you regularly consume alcohol?	. 1: -: 1															
<ul> <li>r) Do you plan to or were involved in any adventurous avocation such that but no commercial aeroplane, automobile racing, horse riding, boat race, scuba divin</li> </ul>		to flying	or trave	elling in a non					l				J		┙┆	
s) Have you ever been convicted in the court of law or are there any criminal prod	ceedings	pending	against	you before a			Г		[				٦		$\neg$	
court? t) Have you ever taken or undergone treatment for Narcotics or any addictive dru	?						_	_	,				_		_	
12. b) Declaration of Good Health (Only For Females)	ay:				P			1		D2	-	D2	_ :		4	D5
a) Are you pregnant or undergone miscarriage or ectopic pregnancy or abortion in	n last 3 m	onths?			P		D.	1		D2		D3		D.	4	טס
b) Have you suffered / are suffering from or have undergone investigation or treat such as disorders of Cervix, uterus, ovaries, breast , breast lump, cyst etc. c) Total life insurance coverage on husband sum assure  Annual inco	ment for	any gyn	ecologio	cal complications					L							
Question: If the answers to any of the questions in section 11 are "YES", please fill			ith deta	ils such as medical $\frac{A}{a}$	nswe	rs										
history, diagnosis, when it happened, treatment taken, names of medications, tests of the diagnosis of the	done, resu															
13. Declaration Under Income Tax (11th Amendment) Rules, 2015 for Premium Pay			lfth	ere is any Yes, please pr	rovide	follow	ing d	letails	alon	g with	thea	itteste	d pho	tocopy	of the p	asspor
Question	Ar	nswer	orth	ne TIN Certificate/ proo												
Are you resident of any country outside India?	Yes	No		ne of Country: Iress:												
Are you a Tax Resident of a country (or countries) outside India (Country in which you are taxed because of your Residence/ Service/ Trade/ Business etc)	Yes	No		/Functional Equivaler /Functional Equivale			ng C	ountr	ry (o	r Coui	ntrie	s)				
Are you holding Telephone Number in Jurisdiction outside India	Yes	No	Mol	oile No. dline No. with ISD Co	de:											
Have you given standing instructions (other than with respect to a depository account) to transfer funds to an account maintained in a jurisdiction outside India		No	_	vide Details:	+ No	of the	norr	opl	hor	nevii	or of					
Have you executed currently effective power of attorney or signatory authority granted to a person with an address in a jurisdiction outside India  Have you given a "hold mail" instruction or "in-care-of" address in a jurisdiction	les	No	atto	ne, Address &Contac orney or signatory aut vide Details:					ΙΟΙΠ	howe	:1 01					
outside India	163	No	_				, .			***	111					
I declare that where required by domestic or overseas regulators and/or tax authorities, as may be required according to applicable laws, regulations and directives. I undertake nationality or residential status. I hereby declare that the information disclosed above is	to inform	n Bajaj All	ianz Life	Insurance Company Li	imited	lif the	re is a	a char	nge ir	n resp	onse	to any	of the	e quest	tions ab	ove or t
Self-Certification: To be filled only if: If your place of Birth or current residence or Tax resideclaring US person status as "no" but your country of birth is US, please provide docur	lence is in	a place o	utside In	dia and Tax Identificati	ion Nu	ımber	(TIN	) or Fι	uncti	onal e	quiva	alentis	not a	vailabl	le Or In	case yo
certificate  14. Declaration and warranty on behalf of all persons proposed to be insured / assi	ured															
I/We understand that this 'Combi-Product' is jointly offered by "Bajaj Allianz Ger collectively referred to as 'Insurers'.		rance Co.	. Ltd" [B/	AGIC] and "Bajaj Allian	nz Life	Insur	ance	Co. L	td" [l	BALIC	], ind	ividua	lly ref	erred	to as "I	nsurer"
<ul> <li>i. I/We understand that the risks of this 'Combi Product' are distinct and are assumed</li> <li>ii. I/We hereby declare, on my behalf and on behalf of all person's proposed to be insu</li> </ul>								-							•	e best c
<ul> <li>knowledge and that I am authorized to propose on behalf of these other persons.</li> <li>I/We understand that the information provided by me in this proposal form and ar the policy is subject to Board approved underwriting policy of the respective Insure</li> </ul>																
not be considered as accepted and policy effected till finally approved by an autho															ic, valid	

B	GOALS. DONE.	Application No. with b		Combi I	<u>ט</u>		Caringly yours
-:-:	BAJAJ   Allianz (ll)						B BAJAJ Allianz (
	Allianz Life Insurance Co. Ltd.						Bajaj Allianz General Insurance Co.
	relevant true copies of originals for the pincomplete information provided can pre			,	,	ct within my/ our knowl	edge. I understand that any incorre
	That the insurers have the right either to			. , ,	•	hall be no costs, claims a	and charges raised by me / us agains
	insurer. That the annual continue moved by according to the con-		lisi l b Cs. \		* a f wial charath a imagene		
	That the premium payable as well as the s I/We understand and agree that in case of	•	,		•	nce with the Sec 45 of Insi	urance Act 1938 as amended from t
	to time.	misrepresentation and suppres	33101101111ateriaria	ets the policy contracts	an be treated in accorda	ice with the see 45 of mat	arance / let, 1990, , as amenaea nome
	I/We further declare that I/We will notify i communication of the risk acceptance fro		in the occupation,	financial health or gene	ral health of the life assur	ed(s)/ proposer after the	proposal has been submitted but be
	I/We consent to the insurers seeking med anything which affects the physical or me	lical information from any doct ental health of the life assured(s	)/ proposer and se				
	made for the purpose of underwriting the I/ We hereby authorize such parties to fu habits of the Life Assured(s) (without taki there after for any other purpose in relatio	rnish information as required b ing the prior consent of my/ our	y the Insurers and a	ember thereof) as it may	require either for the pu		
	In the event of I/We being medically exam		•			eemed to be incorporate	d in this proposal for insurance.
	l authorize the insurers to share informati						
	any judicial or statutory or other authority I/We further declare that if a proposal for	,				, , ,	,
1	withdrawn or dropped, deferred or accepterms of acceptance of assurance.	oted at an increased premium o	or subject to a lien o	or on terms other than a	s proposed, I shall forthy	vith intimate the same to	the Insurers in writing to reconsider
	I/We have understood the purpose of Aad Act, 2016, and regulations made there un						our consent in accordance with Aad
	I/We have voluntarily given my/our cons security practices and procedures and se various purposes and activities including o	nsitive personal data or inform	ation) Rules 2011	as amended from time	to time, with reinsurers o		
i. I	hereby consent and authorize the insure	rs to receive information from co	entral KYC registry	through SMS/ email.			
	Notwithstanding my registration with the Bajaj Allianz General Insurance Company may be provided to the Company by me policy of insurance of the Company whic communication methods all service relate	Limited (hereinafter jointly refe or contact me, through its repre ch may be issued pursuant to the	erred to as Compan esentatives, for any his proposal for ins	y) to call or send SMS on matter (including asce surance. I further autho	the telephone number n rtaining of feedback) rel ize the Company to e-m	nentioned in this proposa ating to this proposal for ail or send electronic co	al form or any other telephone number insurance or any matter concerning immunications through other electr
	I/We hereby agree and consent that in add					, , , , , , , ,	
	I/We have deposited the first premium a accordance with the law of the land. Amou						osal for insurance, will be paid, strict
	accordance with the law of the land. Amol All/any amounts paid/payable towards th	•	•				ention of Money Laundering Act 2002
	amended from time to time) or any other	applicable laws.					
	I/We will provide information as required		,			·	manufic to the control of the contro
	I/We agree that the insurers shall be entit the event the proposal for insurance is not						
ii. İ	 I/We agree to the insurers taking appropri	ate measures to capture the voi	ce log for all such te	elephonic transactions c	arried out by me/us, in ac	cordance with procedure	es/ regulations.
٧.	I/We hereby also declare that I/We have r			he sales literature and t		have read the entire tex	t foatures disclosures evolusions to
	and conditions willie applying for model and				ivan to ma/us along with	this proposal form	t, leatures, disclosures, exclusions, te
/. I	I/We have read the application/ been ex understanding the content and nature of t	plained the application, and th	e answers entered	les/ benefit illustration g in the application is/ar	e mine / ours; I/We here	by certify that I/we have	e signed on the Proposal form after
/. I	I/We have read the application/ been ex understanding the content and nature of t been concealed and suppressed or false.	plained the application, and th the information asked for in this	e answers entered Proposal Form and	les/ benefit illustration g in the application is/ar I confirm that each of the	e mine / ours; I/We here above answers is full, co	eby certify that I/we have mplete, and true to the be	e signed on the Proposal form after est of my/our knowledge and nothing
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/.   /i.   /ii.	I/We have read the application/ been ex understanding the content and nature of t been concealed and suppressed or false.	plained the application, and th the information asked for in this n or misrepresentation may be l the claimvests with respective i	e answers entered Proposal Form and iable for rejection o insurers, ie., for life	les/benefitillustration g in the application is/ar I confirm that each of the of the proposal form or th insurance benefits "BALI	e mine / ours; I/We here above answers is full, co e contract of insurance sl C" and for health insuran	eby certify that I/we have mplete, and true to the be nall be treated null & void ce benefits "BAGIC".	e signed on the Proposal form after est of my/our knowledge and nothing from inception of the contract.
/.   /i.   /ii.	I/We have read the application/ been ex understanding the content and nature of t been concealed and suppressed or false. I/We understand that any false declaration I/We understand that the liability to settle	plained the application, and the the information asked for in this or misrepresentation may be l the claimvests with respective i ealt by the respective insurers for	e answers entered Proposal Form and iable for rejection o insurers, ie., for life or respective benef	les/benefit illustration g l in the application is/ar l confirm that each of the of the proposal form or th insurance benefits "BALI its ie., for life insurance b	e mine / ours; I/We here above answers is full, co e contract of insurance sl C" and for health insuran enefits "BALIC" and for h	eby certify that I/we have mplete, and true to the be nall be treated null & void ce benefits "BAGIC".	e signed on the Proposal form after est of my/our knowledge and nothing from inception of the contract.
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LIFE GOALS. <b>DONE</b> .	Application No. with barcode		Com	bi ID				Caringly yours
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Bajaj Allianz Life Insurance Co. Ltd.								Bajaj Allianz General Insurance Co. Ltd.
Any other risk associated with Occupation, Sports P	ursuit. Financial/ Social Position or Per	rsonal Habit	s of Life to be Assı	ured/Aı	nnuitar	nt that could affect the risk i	n the Insuran	ice Proposal:
FSC/IC Code	Lead by code							
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the proposer after fully understanding the nature of	the questions in the proposal form ar		ce of disclosing a	all mate	rial info	rmation that has been expl	ained by me	to the proposer. I have also explained
the features and benefits of the product plan to the a / life assured have responded in their free volition. To		ant has not a						e not induced or coerced the applicant of the proposal form. I recommend this
proposal for insurance. I confirm having verified the	identity and address of the customers	and proofs s	ubmitted for the	same.		, ,		
FSC/IC Designated Employee in a	case of Brokers Specified Persor	n in case of	Corporate Agent	ts			Place:	
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<b>Vernacular Declaration:</b> If signature of Proposer is "Thereby declare that I have fully explained the abov	3 3 3	truthfullyre	corded the answ	ore aivo	n hv th	nronoser"		
Name of the Declaring:	Signature:				,	Declarant:		
In case the Proposer is illiterate, his/her thumb impr								
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