



Payor KYC and AML Questionnaire

(To be filled only if Payor is different than the Proposer/Policyholder)

Submission of Photograph and address proof's of the premium payor is mandatory if the Premium paid by the Payor across all policies/proposal exceeds 'INR.10,000/-.

Submission of Proof of Identity of the premium payor is mandatory

Income proof is mandatory where the total premium paid by a single individual under all the policies/proposal is exceeding INR.99,999 per annum

Proposal/Policy/Application no.: _____

Name of Payor: _____

Date of Birth: _____ **Gender:** _____

Photograph of the payor
to be affixed here and
signed across the
photograph

Relationship with Life To Be Assured/Life Assured: _____

Relationship with Proposer/Policyholder: _____

Reason for the Payment: _____

Residential Status – (Resident/ NRI/PIO/FOREIGNER): _____

Nationality _____ **Current country of residence:** _____

Occupation of Payor _____

Name of the entity: _____

If your nature of work or source of funds involves association with Money services businesses */State run lotteries/casinos/gaming activity/gambling/Not for profit organization/Trusts/charities or organizations involved in promoting social, religious cause, please tick the appropriate choice and provide complete details.

Casinos

Yes No

Gaming activity

Yes No

Gambling

Yes No

Not for profit organization

Yes No

Trusts/ Charities

Yes No

Organizations involved in promoting social, religious cause

Yes No

Money services businesses

Yes No

State run lotteries

Yes No

Horse Jockey

Yes No



If you have ticked "yes" for any of the options above, please provide the complete details

* Money service businesses are entities/ proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks.

Pan Card no _____ **(Pan card to be attached if the insurance premium aggregating Rs.50,000 or more
In case if there is no PAN Card, please submit Form 60/61)**

Are you a politically exposed person (PEP)? * PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises / judicial body / military/police in India or abroad or those individuals who have any close family members or associates in the said capacity. **Yes / NO (If yes, please provide details)**

Proof of Identity:

Passport Driving License PAN Card Voters ID Letter from any Recognized Public Authority Certification by Bank
 Insurers Employee certification others (Please Specify) _____

Current Address : (please mention the address as well as type of address proof attached)

Passport Driving License Ration Card Employer certificate Telephone bill (Not older than 6 months)
 Lease agreement with Rent receipt not older than 3 months Letter from any Recognized Public Authority
 Bank account statement (Not older than 6 months) Electricity Bill Certification by Bank Others (Please Specify)

Permanent Address :(Please mention the address as well as type of address proof attached)

Same as above

Passport Driving License Ration Card Employer certificate Telephone bill (Not older than 6 months)
 Lease agreement with Rent receipt not older than 3 months Letter from any Recognized Public Authority
 Bank account statement (Not older than 6 months) Electricity Bill Certification by Bank
 Others (Please Specify) _____

Income Proof

Standard

ITR IT-assessment Order Form 16 Pay slip Others (Please Specify) _____



PKA000101

Non Standard

Chartered Accountants Certificate Agricultural Income Certificate Agricultural Land details and Income assessments
 Bank Cash-flows statements Pass-book Others (Please Specify) _____

TO BE FILLED IF PAYOR IS AN ENTITY Please provide details for the following questions (a and b):-

(a) Please specify your entity's

(i) Country of incorporation	
(ii) Country of Registration	
(iii) Country of primary business operation	
(iv) Country of headquarters	

(b) Does the entity have:- (i) **10%** or more of revenues, transaction flows, investments or supplies from/in any **single** high risk jurisdiction (please mention country name);or (ii) **25%** or more in aggregate of revenues, transaction flows, investments or supplies from/in **several** high risk jurisdictions (please mention country name);

Yes No Name of Country as per above question _____

I/we hereby consent to the company for disclosing/sharing/transferring my /our personal data including my/our sensitive personal data, policy related information (referred to as “Customer Data”) with its group entities, business partners, associates, affiliates, corporateagents, third party vendors and service providers, regulatory/statutory/government authorities (“Third Parties”) (within or outside India) for the following purposes:

(i) **Policy Servicing:** To provide better policy servicing facilities to Customers whereby Customer Data, policy related information, unit statements, receipts, notices etc., would be shared.

(ii) **Business Purpose:** In pursuance of business requirements, and to administer the life insurance policies, the company will share Customer Data with Third Parties. This will include activities such as data scanning, data entry, indexing, premium payment reminder , service calls, evaluation, studies & market survey/research, KYC documents assessment, validation and analysis, claims review and analysis, etc.,

(iii) **Compliance with regulatory/legal requirements:** To ensure compliance with various regulations/legal requirements the company will be required to share Customer Data with regulatory/statutory/government authorities from time to time either directly or through Third Parties.

In case I/we have an objection to usage of my/our personal information for the purposes mentioned above, I/we shall intimate the Company prior to its acceptance of my/our proposal and issuance of the policy, in which case the Company shall cancel the proposal, refund the proposal deposit and delete all sensitive personal information relating to me/us from its records/systems.

I also declare that I am the payor for Policy/application/Proposal number mentioned above and I have insurable interest on the life of Life to Be Assured/Life Assured.

Premium Deposit Details:

Payment Mode: Cheque / Demand Draft/ Credit Card / Others (specify): _____

Amount: _____ Cheque/Demand Draft No. _____

Bank Name: _____

Date: _____ Bank Branch: _____

Account Type: Savings Bank Account only (Payments acceptable only from saving account) _____

Account Number: _____ MICR CODE: _____

Credit Card/Debit Card Holder Name: _____

I would like the company to contact me through Telephone calls/SMS/emails for policy & servicing related matters.



Credit Card/Debit Card Holder Name: _____

Date: _____

Signature/Thumb Impression of the Payor

Declaration, if this form is signed in Vernacular/Thumb Impression :

I, _____ son / daughter of _____, an adult residing at _____ hereby declare that the contents of this form have been duly explained to me in _____ language and have been understood by me.

(Signature of the customer) _____ Date _____ Contact No. _____

Instruction & Disclaimer:/

- Kindly fill in the details in Hindi/English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

**Canara HSBC Life Insurance Company Limited
IRDAI Regn. No. 136**

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Corporate Identity No: U66010DL2007PLC248825

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