



TS000101

Version 3.1

1. I hereby declare, ratify and confirm that I have submitted the proposal form which was filled in with the help of electronic device in face to face interaction with the sales person for a policy of Canara HSBC Life Insurance Company Ltd ("Company") and the product has been selected after undergoing customized need analysis as per Financial Need Assessment Form. I confirm having duly understood the importance of medical declaration pertaining to the product selected. I hereby confirm that the details filled in the proposal form are true, accurate and complete. I further confirm that I am bound by the declarations, undertakings and statements in the proposal form. By signing this document I confirm that I have duly submitted the scanned image of all necessary KYC documents / Tax related information including income proof, address proof and the photograph for the assessment of proposal. In case of any discrepancy between my signatures submitted elsewhere and on this form, I request the Company to consider the signatures on this form.

Product Name

Proposal No:

Proposer Name:

Signature/Thumb Impression of Proposer

Signature of Life to be Assured (Not applicable in case of life to be insured is a minor or life to be insured is same as proposer)

**2. Vernacular/Illiterate Declaration: (To be filled only if applicable)**

2A. I hereby declare that I have read out and fully explained the contents of the proposal form and all documents to the prospect in the language understood by him/her and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer and that the Proposer has affixed the signature below/thumb impression after fully understanding the contents thereof.

Name of Declarant

Father's Name of Declarant

Address

Date  Place  Signature of Declarant

2B. I  hereby declare that I have understood the terms and conditions of the proposal form as explained by bank's representative/declarant.

Signature/Thumb Impression of Proposer

Signature of Life to be Assured (Not applicable in case of life to be insured is a minor or life to be insured is same as proposer)

**NACH / STANDING INSTRUCTION FORM**



SIM000101

UMRN  Date

Tick (✓) Sponsor Bank Code  Utility Code

CREATE ✓ I/We hereby authorize  to debit (tick ✓)

MODIFY X

CANCEL X Bank a/c number

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  Amount in words  ₹

FREQUENCY  Mthly  Qly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Proposal Number  Phone No.

Reference 2  Email ID

I agree for the debit of mandate processing charges by the bank with whom I am authorizing to debit my account as per latest schedule of charges of the bank.

**PERIOD**

From

To  X  X  X  X  X  X  X

Or  **Until Cancelled**

Signature Primary Account holder  Signature of Account holder  Signature of Account holder

1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.

Preferred Draw Date:  05<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> (Not applicable for monthly mode)

**Certification by Bank**  
We hereby certify that the account number mentioned above is currently operational and the account details mentioned are correct as per our records. We also hereby attest that the signature of the account holder affixed on the SI mandate above.

Date  Place  Signature of the Authorized Bank Official with Bank Stamp & PA/Emp. Code

**Important Note:** a) Kindly fill the form in CAPITAL LETTERS and tick appropriate box as applicable.  
b) In case the account is being held in capacity as a Sole Proprietor, (Company A/c) then the appropriate stamp is also required on the Mandate form along with the signatures of the account holder.