

**NRI/ PIO/OCI/ Foreign National Questionnaire**

Proposer name : \_\_\_\_\_

Life Assured name : \_\_\_\_\_

Application number : \_\_\_\_\_

	Questions	Proposer	Life Assured ( to be filled if different than Proposer)
1	Foreign Residence address along with current country name		
2	Have you changed country in past 3 yrs? If yes , pls mention the name(s) of the country(s) along with date.	<input type="checkbox"/> yes <input type="checkbox"/> No If yes, pl provide details _____	<input type="checkbox"/> yes <input type="checkbox"/> No If yes, pl provide details _____
3	Do you have any former name ? (evidence of former name is required)	<input type="checkbox"/> yes <input type="checkbox"/> No If yes , please state _____	<input type="checkbox"/> yes <input type="checkbox"/> No If yes , please state _____
4	Nationality	<input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> Foreign National	<input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> Foreign National
5	Have you changed nationality ? If yes , please provide previous nationality		
6	Duration of stay abroad		
7	Purpose of stay abroad		
8	Date of arriving in India		
9	Expected date of leaving India after recent visit		
10	Country (s) of tax residence (if taxes are/are also filed outside India)- mention if more than one country	1. 2. 3.	NA
11	Tax identification no (TIN) - mention if more than one country has issued TIN .	1. 2. 3. For country not issuing TIN , mention <input type="checkbox"/> VISA / <input type="checkbox"/> Residence / Work Permit Number	NA
12	Do you earn any income in India ? Submission of PAN card copy is mandatory if Indian earned annual income exceeds INR 2.5 lakh	<input type="checkbox"/> yes <input type="checkbox"/> No If yes, please state annual income earned in India _____ INR / annum	NA
13	Do you intend to travel to any other country as part of your job/business? If yes, please state country(s) and stay duration	<input type="checkbox"/> yes <input type="checkbox"/> No _____	<input type="checkbox"/> yes <input type="checkbox"/> No _____
14	Type of bank account for premium remittance	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Resident	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Resident
15	Is there any prosecution/legal proceeding initiated in the past or going on against you presently before any judicial forum./ authority in the country of your residence ?	<input type="checkbox"/> yes <input type="checkbox"/> No _____	<input type="checkbox"/> yes <input type="checkbox"/> No _____
16	Name and address , phone no. of your physician in your country of residence ( if you are on treatment)	NA	

**Declaration by the Proposer & Life Assured:**

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life assurance with Canara HSBC Oriental Bank Of Commerce Life Insurance Company Ltd (the 'Company') and that failure to disclose any material fact known to me may invalidate the contract.

I am not restricted /prohibited from proposing for this policy of insurance under the laws of any country that I am subject to. I understand that my purchase of a policy of insurance from the Company may create legal, tax or other financial/ reporting obligations for me under the laws of the country of which I hold citizenship or reside in. I shall be solely responsible for undertaking and fulfilling any obligations that I may have under the laws of such country/ies and shall not hold the Company liable under any circumstance in the event of a default on my part in fulfilling the said obligations. I acknowledge and agree that any information provided by the Company is not intended to provide legal, accounting or tax advice and I shall not rely on the same in this regard. I will seek independent professional legal, accounting and tax advice prior to the purchase of the policy of insurance from the Company, where necessary.

Date & Place:

Signature of Proposer- :

Date & Place:

Signature of Life Assured ( if different than the proposer) : -

**Declaration in case Proposer/ Life Assured signs in Vernacular / Uses ThumbImpression:**

I have read out and fully explained the contents of the questionnaire and he/she has understood the same. I have truthfully recorded the replies given by the Proposer and that the Proposer has affixed his/her signatures/thumb impression above after fully understanding the contents hereof.

Date & Place:

Name and Signature of Declarant :-