

SPECIAL MHR FOR MAIL ORDER BUSINESS

Agent's Name & Address	D.O./CLIA Code No./Mentor code no
Mobile number Agency code Club membership Licence No. Date of Expiry	D.O./CLIA/Mentor Mobile no-

Name of the Proposer/ Life to be assured :	
Age of the proposer/ Life to be assured:	
Plan(s) and Term	Sum Assured (in lakhs)

I	Product related information
a.	Name of the Proposer / Life to be assured
b.	Age of the Proposer / Life to be assured:
c.	Plan(s) and Term
d.	Sum Assured (in lakhs)
e.	Whether the terms and conditions of the proposed plan(s) have been explained to the proposer / Life to be assured?
f.	Whether the proposed plan(s) matches the objectives of insurance of the proposer / Life to be assured?
g.	Have you provided the Benefit Illustration statement of the proposed plan(s) to the proposer / Life to be assured?

II	Information about the proposer / Life to be assured
a.	How long do you know the proposer/ Life to be assured?
b.	Are you related to him/her? If so, give details
c.	What is the educational qualifications of the proposer/ Life to be assured ?
d.	If student, Date of joining College/ University
e.	If proposer/ Life to be assured is OCI, whether OCI (Overseas Citizen of India) card is verified?
f.	Whether proposer/ Life to be assured or his / her family member/s is/are Politically Exposed Person (PEP) as per RBI guidelines? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]
g.	Are you satisfied that the proposer/ Life to be assured is not connected with any terrorist activities ?
h.	Whether KYC/ PMLA norms are fulfilled for the proposer/ Life to be assured ?

III	Financial assessment by the Agent
a.	Exact Source of Income
b.	Income through employment/ Business/ Profession
c.	Income through other sources in detail
d.	Mention the proof of income verified by you in respect of income stated above
	1. ITRs
	2. Bank statement,
	3. Salary sheet with appointment letter or salary certificate issued by the Employer
	4. CA certificate/ Audited accounts etc.

	e. Are you personally satisfied with the financial standing of the proposer/life assured and justify the current proposal?	
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IV Previous insurance details including from other insurers		
	a. Did you discuss with the proposer/Life to be assured the status of Previous Policies and are you satisfied that no policy has lapsed within the last three years ?	
	b. Are you aware of any Proposal (or Revival of any policy) of the proposer/ Life to be assured having been deferred, declined, dropped or accepted at terms other than those proposed ?	

V Information about health , Habit and occupation/ avocation etc		
	a. What is the general state of health of the Life to be assured?	
	b. Does he/she have any physical deformity or Mental Retardation?	
	c. Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation?	
	d. Has the Life to be assured remained absent from college / duties on medical grounds? If so period of absence & reasons thereof.	
	e. Does the Life to be assured consume tobacco, snuff or other narcotic substances in any form or alcoholic drinks?	
	f. Height of the Life to be assured (in Cms)	
	g. Weight of the Life to be assured (in Kgs)	
	h. Are you aware of anything in the occupation, financial or social position of the Life to be assured, his/her personal habits/hobbies or any other circumstances which might be likely to add to the risk ?	
	i. Any other information	

I further hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Place:

Date:

Time of Video call (if applicable):

Signature of the Agent along with seal/ stamp

To be complete by the Dev.Officer/CLIA/Mentor)

I have talked to the Proposer/ Life to be assured through Video call and I am satisfied with his/her identity on the basis of video call. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date & Time of Video call:

Place:

Name:

Code No, Designation/Standing (No. of Years)

Signature