SPECIAL MHR FOR MAIL ORDER BUSINESS

Agent's Name & Address	D.O./CLIA Code No./Mentor
	code no
Mobile number	
Agency code	D.O./CLIA/Mentor Mobile no-
Club membership	
Licence No. Date of Expiry	
Name of the Proposer/ Life to be assured :	
Age of the proposer/ Life to be assured:	
Plan(s) and Term Sum Assured (i	n 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	T
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 concernant by the Arrant	
III Financial assessment by the Agent	T
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	
1 CA cortificate/ Audited accounts etc	Ť

e. Are you personally satisfied with the financial standing of		
the proposer/life assured and justify the current proposal?		
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:		
ridce.		
Date:		
Time of Video call (if applicable): Signature of the	e 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 foregoin		
to the best of my knowledge and belief.		
Date & Time of Video call:		
Place:		
Name:		
Code No, Designation/Standing (No. of Years)	Signature	