

POLITICALLY EXPOSED PERSONS FORM

Annexure – 1

Questionnaire to be completed by Proposed Insured Person in case of court cases/Litigation/legal charges

1. Has any individual, organisation or any third party ever lodged a legal notice/case against you?
Yes/No

If 'Yes', Please give details of current status of the case (with document proof).

2. Have you ever been arrested, Convicted or remanded to judicial in connection with the above?
Yes/No

If 'Yes', Please give details.

3. If answer to question '1' and/or '2' above is 'Yes' please provide the current status of the case (with document proof such as Court Final Order, Judgement).

4. Have you ever encountered any death threats, ransom threats, attacks, kidnapping Incidents or any events that bear risk to your life. If yes, please provide details.

5. Has any proposal for life or accident insurance on your life or that of your family Members ever been declined or postponed by and insurance company in India, or in any Other country?
Yes/No

If 'Yes', Please give details.

I declare that the answers I have given above are true and that I have not withheld any Material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the Life Proposed/Proposer:

Name of the Life Proposed/Proposer:

Date:

Place:

Annexure-II

Moral Hazard Report to be completed in case of Politically Exposed Person

1. Name:
2. Qualification:
3. Occupation:
4. Source of Income:
5. Income proof submitted along with proposal:
6. Details of family:

	Father	Mother	Spouse	Children
Age				
Qualification				
Occupation				
Whether Connection with LP's occupation/ or Politically Exposed person. If Yes, details of the same				
Details of Insurance funded by PEP or Vice versa				

7. Travel to foreign country for the last 2 Years:

S. No.	Date of Travel Starting	End Destination Country of permanent residence	End Destination country	Place visited	Duration of stay outside the country

8. Any court cases/litigation / legal charges framed against the proposed Insured ? Yes/No
9. Any known death threats, attacks, kidnapping incidents, threats on the life of the Proposed Insured ?
Yes/No
10. Are you aware of anything in the occupation, financial or social position of the Proposed Insured, his /her Personal habits or any other circumstance which might be likely to add risk?

Date:
Place:
Office:

Signature:
Name:
Designation: