MAX LIFE INSURANCE

Self-Certification Form

Important Instructions:

• All fields are compulsory • Please fill in capital letters

• Attach documentary evidence as marked (*)

Client ID: ______ Policy No.: ______

Policyholder's Name: ______

Father's/Husband's Name: ______

Nationality: Indian ☐ Foreign National ☐ NRI ☐ PIO ☐

Citizenship: Indian ☐ Others, please specify ☐

Gender: Male ☐ Female ☐ Others ☐

Date of birth: D D M M Y Y Y Y City of birth: ______

Country of birth: ______

*INDIAN ADDRESS:

Flat No./Building No.: ______

City: ______ State: ______ PIN Code: ______

Mobile No.: ______ Tel. No.: ______

Address Type: Residential ☐ Business ☐ Registered Office ☐ Unspecified ☐

*OVERSEAS ADDRESS:

Flat No./Building No.: ______

City: ______ State: ______ PIN Code: ______

Mobile No.: ______ Tel. No.: ______

Address Type: Residential ☐ Business ☐ Registered Office ☐ Unspecified

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Policyholder's Name: ______

Request Received Date: D D M M Y Y Y Y Request No.: ______

Name of Branch Official: ______

Employee Code of Branch Official: ______

Signature: ______

GO Stamp

MAX LIFE INSURANCE

OCCUPATION:

Salaried ☐ Self-employed ☐ Business ☐ Retired ☐ Housewife ☐

Others, please specify ☐ _____

Passport No.: ☐☐☐☐☐☐☐☐☐☐☐☐ Passport Issuing Country: _____

*PAN.: ☐☐☐☐☐☐☐☐☐☐

*Foreign Tax Identification No. (or Functional Equivalent): _____

Country: _____

*Country of Residence as per tax laws: _____

(If more than one country of tax residence, provide Tax I dentification No./Functional Equivalent: on all countries of tax residence)

ID Proof submitted:

PAN Card ☐ Election ID ☐ Driving License ☐ Passport ☐ AADHAAR Card ☐

NAREGA Job Card ☐ Any Other Government Agency Issued Document ☐

I do hereby certify that above stated information is correct in all respects and may be used for all purposes, including reporting to statutory authorities & compliances, and understand that it is my responsibility to report the changes, if any, to Max Life within 2 weeks of occurrence of such change.

Policyholder's Signature: _____

For Office Use Only

Request Received Date: ☐☐☐☐☐☐☐☐ (D D M M Y Y Y Y)

Branch Name and Code: _____

Employee Code: _____

Signature: _____

Certified that th is form is complete in all respects and all relevant documents are obtained and verified.

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to **"HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No.> IFS Code: HSBC0110002".** Max Life does not collect Premium in any other account. **Max Life Insurance Co. Ltd.**: Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. **Regd. Office**: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. **Fax**: 0124-4159397,**CIN**: U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

IRDAI Registration No. 104

BEWARE OF SPURIOUS / FRAUD PHONE CALLS! • IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums • Public receiving such phone calls are requested to lodge a police complaint.

A Max Financial and AXIS BANK JV