

# CUSTOMER DECLARATION FORM

**TATA AIA LIFE**  
making Good happen™

Application No.

Application No.

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PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED

To ,

Tata AIA Life Insurance Company Ltd.

Subject: Submission of Online Application

I/We \_\_\_\_\_ request you to process the above mentioned Application/s Number for life insurance \_\_\_\_\_, on the website www.tataaia.com / online sales application of Tata AIA Life Insurance Company Ltd. ("the Company").

I/We confirm that I/ we have read relevant documentation/ information and have understood the product features and benefits. I/ We agree that post my/our meeting with \_\_\_\_\_ bearing license/certificate number \_\_\_\_\_. I/We hereby confirm that Mr./Ms. \_\_\_\_\_, has duly filled the details in the application form online in my/our presence and in accordance with the information provided by me/us. I/We acknowledge that the information stated in the above application form is true and correct and I/we have duly checked and verified the same. Further, I/we am/are submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as applicable for further processing of this application.

I/ We understand and agree that by submitting this application through the Company's website / online sales application, I/ We will be bound by such statements / disclosure of material facts in the same manner and to the same extent, as if I/ We have signed and submitted a written proposal for insurance to the Company.

The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance. I hereby declare and confirm that I am making the premium payment towards this application through my own bank account/credit card.

Signature/Thumb impression of the Person to be Insured

Signature/Thumb impression of the Proposer (If different from the Person to be Insured)

Signature of Advisor/Specified Person from Corporate Agent/Broker/Distributor

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants affixing thumb impression or signing in vernacular language, please ensure relevant confirmation from the witness as per below mentioned 'vernacular declaration'. In such cases it would be presumed that the witness would have explained contents of the form and this declaration to the applicant before submission.

IN CASE ANSWERS TO THE QUESTIONS ARE FILLED IN BY A PERSON OTHER THAN THE PROPOSER OR WHERE THE ANSWERS / SIGNATURE OF THE PROPOSER /LIFE ASSURED ARE IN VERNACULAR.

I, \_\_\_\_\_ (name) have explained the contents of this proposal to the \_\_\_\_\_ (Proposer/Life Assured) in \_\_\_\_\_ (language) and ensured that the contents have been fully understood by him/ her. I have accurately recorded the Proposer/Life Assured's responses to the information sought in the proposal form and I have read out the responses to the Proposer/Life Assured and he/ she has confirmed that they are correct.

Signature of the person making the declaration

Place: \_\_\_\_\_ Address of the person making the declaration: \_\_\_\_\_

Date: \_\_\_\_\_

I have understood the contents of this proposal explained to me in \_\_\_\_\_ language and confirm that the responses provided by me are correct.

Signature / Thumb Impression of the Life Assured

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature / Thumb Impression of the proposer

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Website: [www.tataaia.com](http://www.tataaia.com) • Helpline Nos.: 1800 267 9966 (toll free) 1860 266 9966 (local charges apply)

• email: [customercare@tataaia.com](mailto:customercare@tataaia.com) • SMS "SERVICE" to 58888.

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110 • CIN: U66010MH2000PLC128403).

Registered & Corporate Office Address: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013.  
L&C/Advt/2015/Nov/598