



भारत सरकार का उपक्रम A Government of India Undertaking



RLP Raipur

Pandri Main Road opposite Mata Garage

Check List for Education loan For IIT Bhillai

Applicant

1. Aadhar Card
2. Pan Card
3. Four Photos
4. HSC and HSSC Mark sheet
5. IIT Bhillai Call Letter
6. JEE Score Card
7. Allotment Letter
8. Caste Certificate if Applicable
9. Domicile Certificate

Co - Applicant (Either of the parents)

1. Aadhar Card
2. Pan Card
3. Four Photos
4. ITR with Computation (Optional) / FORM 16 with salary slip
5. Account Statement 6 Months
6. Income Certificate if Applicable



COMMON RETAIL LOAN APPLICATION FORM

(Separate Form to be obtained from Applicant / Co-applicant)

PERSONAL DETAILS [X] APPLICANT [] CO-APPLICANT

Name, Gender, Salutation, Date of Birth, Age, Marital Status, No. of Dependents, No. of Children, Name of Father, Mother's Maiden Name

Attach your recent passport size photograph here

Nationality, Residential Status, Religion, Category, Place of Birth, Photo Identification (ID): Type

Please sign here

Photo Identification (ID): Number, Driving License No., Passport No., PAN No./ GIR No., Aadhar No., Educational Qualification

Social Media (Tick any one), ID address

Present Address: Staying at the present address for the past Years and Months. Type of Residence

House /Flat Apartment No. or Name, Street Name & No. and Area/Location, Landmark, City, District, Pin Code, State, Country, Telephone (Landline), Mobile (Primary), Mobile (Secondary), Email (Personal)

Permanent Address: Is permanent address same as present address? Yes No

House /Flat Apartment No. or Name, Street Name & No. and Area/Location, Landmark, City, District, Pin Code, State, Country, Telephone (Landline 1), Telephone (Landline 2)

Office / Business Address: Name of Org/Employer, Dept, & Floor, Street Name & No. and Area/Location, Landmark, City, District, Pin Code, State, Country, Telephone (Landline), Mobile (Primary), Mobile (Secondary), Email (Organizational)

Repayment Mode: Check-off, NACH, Auto recovery from SB Account, SI (Standing Instruction), Others. Relationship with the Bank: New, Less than 1 year, 1 - 3 years, More than 3 years

Reference (Names and address of two referees who are not related to you):

Union Bank of India may make enquiries from the referees if it deems necessary.

Name, Address, Email, Tel, Mob

Name, Address, Email, Tel, Mob

ULP/ Branch _____

CONFIDENTIAL CREDIT INFORMATION

(Should be filled by all applicants and guarantors separately)

Please don't keep any field blank. Provide us complete & correct details about your assets & liabilities including existing loans, credit cards etc so that we can process your proposal faster and serve you better.

NAME	ADDRESS WITH TELEPHONE NUMBER						
	HEAD OFFICE	TEL. NO.	BRANCH OFFICE & / OR FACTORY	TEL. NO.			
NATURE OF MAIN BUSINESS/SERVICE..		QUALIFICATION-----					
DESIGNATION...		CATEGORY- SC/ ST/ OBC/ GENERAL,					
		RELIGION----					
CONSTITUTION ESTABLISHED (YEAR)							
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> H.U.F.	<input type="checkbox"/> TRUST	<input type="checkbox"/> MINORITY				
<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED COMPANY PRIVATE / PUBLIC	<input type="checkbox"/> SC / ST				
FULL NAME OF IDENTICAL CONNECTED OR ASSOCIATED FIRMS GIVING THE NATURE AND PLACES OF BUSINESS NAME/S OF THEIR BANKERS WITH ADDRESS / ES DETAILS OF CREDIT FACILITIES ALLOWED BY THEM							
FULL NAMES, AND ADDRESS OF THE INDIVIDUAL, PROPRIETOR, PARTNERS, KARTA AND CO-PARCENERS, DIRECTORS ETC. AND THEIR RELATIONSHIP WITH EACH OTHER IF ANY (BRIEF REPORT ON THE BUSINESS MEANS / ASSETS OF PARTNERS / DIRECTORS TO BE GIVEN ON THE REVERSE)							
NAME	FATHER'S / HUSBAND'S NAME	ADDRESS WITH PIN CODES & TELEPHONE NUMBERS					
		OFFICE	TEL/MOB. NO.	PRESENT RESIDENCE	T TEL/MOB. NO.	PERMANENT ADDRESS	TEL/MOB. NO.

NAME OF THE OWNER / LANDLORD (IF RENTED) LICENCE OF THE PREMISES MUST BE SUPPORTED BY LATEST CERTIFIED DOCUMENTARY EVIDENCE SUCH AS RECEIPT FOR RENT, TAXES ETC.

PARENTS



COMMON RETAIL LOAN APPLICATION FORM (Separate Form to be obtained from Applicant / Co-applicant)

PERSONAL DETAILS [] APPLICANT [x] CO-APPLICANT

Form fields for Name, Gender, Salutation, Date of Birth, Age, Marital Status, No. of Dependents, Nationality, Religion, Place of Birth, Photo Identification, Driving License, Passport, PAN, Aadhar, Educational Qualification, Social Media, Present Address, Permanent Address, Office / Business Address, Repayment Mode, and Relationship with the Bank.

Attach your recent passport size photograph here

Please sign here

Union Bank of India may make enquiries from the referees if it deems necessary.

Table with 2 columns for referee details, including Name, Address, Email, Tel, and Mob.

ULP/ Branch _____

CONFIDENTIAL CREDIT INFORMATION

(Should be filled by all applicants and guarantors separately)

Please don't keep any field blank. Provide us complete & correct details about your assets & liabilities including existing loans, credit cards etc so that we can process your proposal faster and serve you better.

NAME	ADDRESS WITH TELEPHONE NUMBER						
	HEAD OFFICE	TEL. NO.	BRANCH OFFICE & / OR FACTORY	TEL. NO.			
NATURE OF MAIN BUSINESS/SERVICE..		QUALIFICATION-----					
DESIGNATION...		CATEGORY- SC/ ST/ OBC/ GENERAL,					
		RELIGION----					
CONSTITUTION ESTABLISHED (YEAR)							
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> H.U.F. <input type="checkbox"/> TRUST <input type="checkbox"/> MINORITY <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED COMPANY PRIVATE / PUBLIC <input type="checkbox"/> SC / ST							
FULL NAME OF IDENTICAL CONNECTED OR ASSOCIATED FIRMS GIVING THE NATURE AND PLACES OF BUSINESS NAME/S OF THEIR BANKERS WITH ADDRESS / ES DETAILS OF CREDIT FACILITIES ALLOWED BY THEM							
FULL NAMES, AND ADDRESS OF THE INDIVIDUAL, PROPRIETOR, PARTNERS, KARTA AND CO-PARCENERS, DIRECTORS ETC. AND THEIR RELATIONSHIP WITH EACH OTHER IF ANY (BRIEF REPORT ON THE BUSINESS MEANS / ASSETS OF PARTNERS / DIRECTORS TO BE GIVEN ON THE REVERSE)							
NAME	FATHER'S / HUSBAND'S NAME	ADDRESS WITH PIN CODES & TELEPHONE NUMBERS					
		OFFICE	TEL/MOB. NO.	PRESENT RESIDENCE	T TEL/MOB. NO.	PERMANENT ADDRESS	TEL/MOB. NO.

NAME OF THE OWNER / LANDLORD (IF RENTED) LICENCE OF THE PREMISES MUST BE SUPPORTED BY LATEST CERTIFIED DOCUMENTARY EVIDENCE SUCH AS RECEIPT FOR RENT, TAXES ETC.

APPLICATION FOR

STUDY IN INDIA

STUDY ABROAD

SKILL LOAN

A. PERSONAL INFORMATION

PARTICULAR	APPLICANT	CO-APPLICANT
Photograph with signature	Photograph with signature	Photograph with signature
Name (In block letters)	<input type="text"/>	<input type="text"/>
Father's / Guardian's name	<input type="text"/>	<input type="text"/>
Relationship with applicant / co-applicant	<input type="text"/>	<input type="text"/>
PAN number	<input type="text"/>	<input type="text"/>
Aadhaar number	<input type="text"/>	<input type="text"/>
Passport No	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Age <input type="text"/> years	<input type="text"/> Age <input type="text"/> years
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Resident status	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident
If NRI, Country of residence	<input type="text"/>	<input type="text"/>
Category	<input type="checkbox"/> Minority <input type="checkbox"/> SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN In case minority, please specify _____	<input type="checkbox"/> Minority <input type="checkbox"/> SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN In case minority, please specify _____
Present Residential Address with Telephone No.	<input type="text"/>	<input type="text"/>
Staying since	<input type="text"/> years	<input type="text"/> years
Present accommodation is	<input type="checkbox"/> Owned <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/> Rented <input type="checkbox"/> Employer	<input type="checkbox"/> Owned <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/> Rented <input type="checkbox"/> Employer
Permanent Address with Telephone No.	<input type="text"/>	<input type="text"/>
Landline	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
e-mail ID	<input type="text"/>	<input type="text"/>
Social Media presence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If yes, you can like our page on the following links and receive promotional/information messages:

UNION EDUCATION EDUCATION LOAN ANNEXURE

B. EDUCATION QUALIFICATION

Examination passed	Year	Marks obtained (%)	Division	Scholarship detail, if any

C. DETAIL OF PROPOSED COURSE

FULL TIME COURSE: YES NO

Name of the course	Duration	Name of the college/university	Address of the campus
Career Prospects after completion of the course (specify in brief)			
Details of offer letter /admission letter from university			

D. DETAILS OF ESTIMATED EXPENDITURE

Particulars	Year/Semester wise expenses in: <input type="checkbox"/> INR <input type="checkbox"/> Other (specify) _____							
	1	2	3	4	5	6	7	8
Tuition Fee								
Books								
Hostel / Accommodation								
VISA								
Examination Fee								
Security Deposit								
Other (Specify)								
Total								

Total course Fees (as above)

Loan amount requested

Expense already incurred

Margin to be brought-in

Total

Total

Please specify the source of margin money to be brought in

E. DETAILS OF PROPERTY OFFERED (For loans above Rs.7.50 lacs)

Names of owners of property

Whether location is metro/urban/semi-urban?

Whether coming under the municipal limit?

Whether residential/commercial/industrial?

Survey No./D. No. of the property

Address of property

Area (in sq. ft.) Whether it is OR will be rented out? Age of building years

Whether the mutation has been marked in the revenue records in the name of previous owner/builder (wherever applicable)

**UNION EDUCATION
EDUCATION LOAN ANNEXURE**

F. GUARANTOR DETAILS (WHEREEVER APPLICABLE)

PARTICULAR	Guarantor 1	Guarantor 2
Name (In block letters)	<input type="text"/>	<input type="text"/>
Father's / Guardian's name	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
Date of birth	<input type="text"/> Age <input type="text"/> years	<input type="text"/> Age <input type="text"/> years
PAN number	<input type="text"/>	<input type="text"/>
Aadhaar number	<input type="text"/>	<input type="text"/>
Residential Address with Telephone No.	<input type="text"/>	<input type="text"/>
Occupation	<input type="checkbox"/> Employed <input type="checkbox"/> Business <input type="checkbox"/> Self-employed/Professional	<input type="checkbox"/> Employed <input type="checkbox"/> Business <input type="checkbox"/> Self-employed/Professional
Name of the organisation	<input type="text"/>	<input type="text"/>
Office Address with Telephone No.	<input type="text"/>	<input type="text"/>
Landline	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
e-mail ID	<input type="text"/>	<input type="text"/>

G. INCOME DETAILS OF GUARANTOR (in INR)

(A) Gross Annual income	<input type="text"/>	<input type="text"/>
(B) Annual income tax	<input type="text"/>	<input type="text"/>
(C) Other annual expenditure/deductions	<input type="text"/>	<input type="text"/>
Surplus available (A-B-C)	<input type="text"/>	<input type="text"/>

H. GENERAL

I have been explained the term assurance plan offered by the bank to cover this liability. I wish to avail YES NO

I wish to service the monthly interest charged in the account during the study period. YES NO

Whether guided by any subsidized scheme YES NO

If yes, please answer the following : Parent Income (all Source):

Income Certificate Date & No:

Certificate Issuing Authority:

Availed subsidy in any other scheme:

If availed (Specify)

In case of study abroad, whether the "in principal sanction" to release the foreign exchange is obtained from RBI/AD? YES NO

Whether the proposed university/college/ course/programme have got any accreditation? YES NO

If yes, please specify: _____

DECLARATION BY APPLICANT(S)

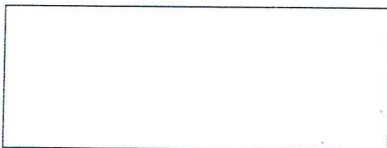
I/we declare that all the particulars and information given in the application form or true, correct and they shall form the basis of any loan Union Bank of India (Union Bank) may decide to grant me/us. I/we confirm that I/we have no insolvency proceedings against me/us nor have I/we ever been adjudged insolvent and further confirm that I/we have read the brochure and understood the contents. I am/we are aware that the equated monthly instalment comprising principal and interest is calculated on the basis of monthly rests.

I/we agree that Bank may take up such reference and may make such enquiries in respect of this application as it may deem necessary. I/we undertake to inform the Bank regarding any change in my/our occupation/employment and to provide any further information that the Bank may require. UNION BANK may make available any information contained in this form, other documents submitted to Union Bank and information pertaining to the loan to any Institution or body. The Bank may seek or receive information from any source/person to consider this application. I/we further agree that my/our loan shall be governed by rules of Union Bank of India which may be in force from time to time.

I/We authorize Union Bank of India to exchange, share or part with all the information relating to my/our loan details/repayment history/information to other Union Bank Branches/ other Banks/Financial Institutions/Reserve Bank of India/ Credit Bureau Agencies/Statutory Bodies as may be required and shall not hold Union Bank of India and/or its agents liable for use of this information.

I understand that to avail the education loan subsidy, income certificate issue by competent authority i.e. Tehsildar/concerned revenue authority/DM etc. is required to be submitted at the frequent intervals. I shall abide by the rule and shall be solely responsible for any event (stoppage of subsidy, claim back of subsidy etc.) if arise due to non-submission of the income certificate.

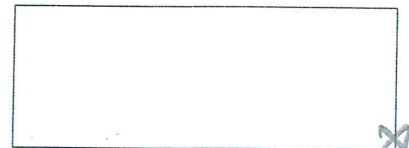
I/we further declare and agree that the information furnished hereinabove is true to the best of our knowledge and belief and in case any information is found to be false at a later date, the bank has right to recall the advance and initiate appropriate action as it may deem fit.



Signature of applicant

Date:

Place: _____



Signature of co-applicant(s)

DECLARATION OF GUARANTOR

I am/we are willing to stand as guarantor(s) for the proposed advance as per the above request.



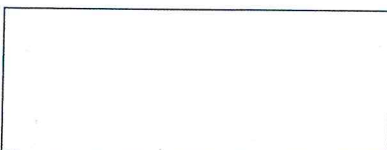
Signature of guarantor(s)

Date:

Place: _____

For Office Use Only

All relevant documents have been obtained as per the scheme guidelines. Photocopies have been verified with original. Application form is duly filled in all respects.



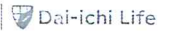
Signature of Marketing Officer/Credit Officer/RDO

Date:



SUD LIFE

A joint venture of



Member Enrolment Form - SUD Life Sampurna Loan Suraksha Plus

MEMBERSHIP FORM NUMBER:

A. CHANNEL DETAILS (FOR OFFICIAL USE ONLY)

Channel Type	<input type="checkbox"/> BOI	<input type="checkbox"/> UBI	<input type="checkbox"/> Other Corporate Agent	<input type="checkbox"/> Broker	<input type="checkbox"/> Agency	SP/PF Code					
Branch Code					Staff Case	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EMP ID/PF Number if Staff Case			
MPH Name											

B. DETAILS OF APPLICANT/S

DETAILS	APPLICANT	CO-APPLICANT 1	CO-APPLICANT 2	CO-APPLICANT 3
SALUTATION				
FULL NAME				
DATE OF BIRTH				
GENDER				
NATIONALITY				
RELATIONSHIP WITH APPLICANT				
EDUCATION				
OCCUPATION				
NATURE OF BUSINESS				
EMPLOYER NAME				
DESIGNATION				
PAN NO				
ANNUAL INCOME CURRENT YEAR				
PRIMARY BORROWER AS PER LOAN SANCTION LETTER				
IF GUARANTOR IN LOAN (TICK YES)				
CONTACT NUMBER				
E MAIL ID				
COUNTRY OF STUDY FOR EDUCATION LOAN				

MAILING ADDRESS (Address to which COI will be dispatched) _____ CITY _____
STATE _____ COUNTRY _____ PIN CODE _____

I/We hereby confirm that

- a. I/We have no objection in receiving phone calls or messages or communication through any other electronic mode from/on behalf of Star Union Dai-ichi Life Insurance Co. Ltd. in regards to my/our Group Insurance Policy with them.
- b. I/We hereby give my/our consent to the Company for sending communications with regard to insurance coverage/policy to the Primary Applicant, in case of joint borrowers.

C. DETAILS OF NOMINEE / GUARDIAN* & APPOINTEE : In case of more than two nominees, please fill separate addendum

	GENDER	NAME	% SHARE	DOB	RELATIONSHIP	SIGNATURE OF APPOINTEE
Nominee 1						
Nominee 2						
Appointee						

*Guardian details to be captured in this section if the Life Assured is minor in case of Education Loan.

D. INSURANCE DETAILS

BENEFIT OPTIONS LC + ADB LC + ACI LC + AATPD LC + AATPD + ADB LC **COVERAGE TYPE** Reducing Level
LC: Life Cover ADB: Accidental Death Benefit ACI: Accelerated Critical Illness AATPD: Accelerated Accidental Total & Permanent Disability

LOAN AMOUNT (excl. premium) _____ **LOAN ACCOUNT NO.** _____

LOAN TYPE Housing Education Personal Mortgage Vehicle Business Others _____

TOTAL LOAN PERIOD _____ Years _____ Months **MORATORIUM PERIOD (inclusive of Study Period)** _____ Months

RATE OF LOAN INTEREST _____ % **MORATORIUM OPTION (during moratorium period)** Interest Paid Interest Not Paid

POLICY TERM MODE Yearly Monthly **POLICY TERM** _____ Years _____ Months

PREMIUM AMOUNT _____ **PREMIUM FUNDING** Yes No **PREMIUM PAYMENT TERM** Single

FIRST DISBURSEMENT DATE _____

INITIAL SUM ASSURED, LIFE COVER _____ **ACI BENEFIT TERM (in case of LC + ACI only)** 5 years 10 years Policy Term

INITIAL SUM ASSURED ADB _____ ACI _____ AATPD _____
ADB: Accidental Death Benefit ACI: Accelerated Critical Illness AATPD: Accelerated Accidental Total & Permanent Disability

IN CASE OF JOINT LIFE, SUM ASSURED Life 1% _____ Life 2% _____ Life 3% _____ Life 4% _____ OR _____ 100% for both life (Policy terminates in case of death of any one life)

CUSTOMER BANK A/C NO. _____ **IFSC CODE** _____

E. HEALTH DECLARATION FOR MEMBER

I here by agree that:

S. No.	Questions	Applicant		Co-Applicant 1		Co-Applicant 2		Co-Applicant 3	
		YES	NO	YES	NO	YES	NO	YES	NO
1.	Apart from minor ailments such as cold and flu, I have never received any treatment from, or consulted with any doctor or been hospitalized in the last five years.								
2.	My occupation is not associated with any specific hazard nor I take part in activities or have hobbies that could be dangerous in any way for example paragliding, bungee jumping, etc..								
3.	I was never advised to undergo any surgery or treatment or laboratory investigations (such as but not limited to stress ECG, echocardiogram, angiography, MRI/CT scan etc.) by any doctor or specialist.								
4.	Any application or proposal for life, health, accident or critical illness including renewal and reinstatement has never been declined, deferred, withdrawn or accepted at special rates or terms by SUD Life Insurance or any other insurance company.								
5. a.	For females only - Currently I am not pregnant.								
5. b.	(For females only) Currently I am not suffering, being investigated or treated for any pregnancy related complication or any other gynecological disorder.								
6.	I have never suffered in the past and not currently suffering from any of below								
	If No please tick the applicable box								
	1) Diabetes mellitus, high blood sugar levels or sugar in urine	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	2) High blood pressure, chest pain, heart attack, heart murmur, shortness of breath or any other heart condition	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	3) Stroke, paralysis, transient ischemic attack, epilepsy, head injury, tremors, dizzy or fainting spells, blurred or double vision or any other nervous disorder	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	4) Recurrent indigestion, ulcer, jaundice, hepatitis, cirrhosis, kidney stone, kidney failure or any other disease of the stomach, bowels, liver, kidney, urinary bladder, prostate or reproductive system	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	5) Sexually transmitted disease or AIDS or positive HIV	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	6) Cancer, tumour, leukemia, enlarged lymph nodes or any abnormal growth or any hormonal disorders or disorders of the blood and lymphatic system, eyes, ear, nose, throat	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	7) Asthma, tuberculosis, chronic cough, chronic bronchitis, emphysema, pneumonia or any other disease of the respiratory system	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	8) Anxiety, depression or any other Mental disorder	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	9) Rheumatic arthritis, joint disease, bone disorders, muscular dystrophies, musculoskeletal deformities or any physical deformity or congenital birth defects	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	10) Thyroid or endocrine disease, digestive and bowel disorder	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	11) Any other condition, symptom, disease not stated above	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
7.	I do not currently have or in the past had any diseases, disorders, disability, surgery or are intending to seek medical advice for a condition not mentioned above.								
8.	I have never received or not receiving currently any disability or critical illness benefits from any insurance company.								
9.	I have never been off work due to illness for a continuous period of 7 days or more in the last 5 years?								
10.	I have not consumed/do not consume tobacco/khaini/pan masala/gutkha and or smoked cigarettes/bidi/cigars. If No specify name _____ provide details with daily quantity and frequency								
11.	I have not consumed/do not consume alcohol/Hard Liquor/Wine/Beer. If No specify name _____ provide details with weekly quantity and frequency								
12.	None of my family member (father ,mother ,brother(s) or sister (s)) suffered from or not suffering from cancer, heart disease, kidney failure, stroke, diabetes, or any hereditary disease.								
13.	Height (in CM)	_____ CM		_____ CM		_____ CM		_____ CM	
14.	Weight (In KG)	_____ KG		_____ KG		_____ KG		_____ KG	
COVID QUESTIONNAIRE									
15.	I have never been tested positive for novel corona virus or quarantined or in contact/cohabitation with any person who has been tested positive/quarantined or symptomatic for Covid 19.								
16.	I have not travelled in and/or out of the country in the last 30 days								
17.	I haven't been advised for hospitalization or any tests to rule out, a diagnosis of novel coronavirus (COVID-19). I am also not awaiting the result of any test which has already been submitted for the novel coronavirus (COVID-19).								
18.	Have you been vaccinated for Covid 19? If yes provide vaccination date below								
19.	Date of Administration of first Dose	DDMMYYYY		DDMMYYYY		DDMMYYYY		DDMMYYYY	
20.	Date of Administration of Second Dose	DDMMYYYY		DDMMYYYY		DDMMYYYY		DDMMYYYY	
21.	Date of Administration of Booster Dose	DDMMYYYY		DDMMYYYY		DDMMYYYY		DDMMYYYY	
If NO, to any of the above questions please provide complete details.									

F. DECLARATION

I/We hereby understand and agree that no insurance coverage will commence until the risk is accepted and requisite premium has been paid to Star Union Dai-ichi Life Insurance Co. Ltd. and the Company conveys its written acceptance of this application for insurance cover. I/We further understand and agree that insurance cover provided to me/us shall be governed by the Master Policy Contract issued in favour of the Group Master Policyholder. I/We have not withheld any information that may influence my/our admission into this Group Credit Life Insurance Plan of Star Union Dai-ichi Life Insurance Co. Ltd. I/We hereby agree that this membership form including the declaration shall form the basis of my/our admission into the scheme. In case of any untrue statement contained therein, fraud or misstatement the policy will be treated in accordance with Section 45 of the Insurance Act 1938 as amended from time to time. I/We hereby authorize my/our employers/medical service providers, hospitals and statutory bodies and agencies to disclose and share the details pertaining to my/our health and financial status to the Company for assessing the risk acceptance or at the time of claim.

Signature / Thumb impression
of Main Applicant

OTP Verified:

Date: _____

Signature / Thumb impression
of Co-Applicant 1 / Guardian

OTP Verified:

Place: _____

Signature / Thumb impression
of Co-Applicant 2

OTP Verified:

Signature / Thumb impression
of Co-Applicant 3

OTP Verified:

G. SIGNATURE AND STAMP OF BANK OFFICIAL : This is applicable for all members who signed in vernacular language

I hereby declare that I have explained in the language understood by the proposed insured member and that he/she has understood the significance of the proposed insurance cover. This membership form has been signed in my presence.

Name of Bank Official _____

Signature of Bank Official _____

Stamp _____

H. AUTHORIZATION FOR CLAIM PROCEEDS BY THE GROUP MEMBER (ONLY IN CASE OF REGULATED ENTITIES)

I/We hereby confirm that I/We have taken a loan/ have an existing loan and I/We hereby authorize Star Union Dai-ichi Life Insurance Co. Ltd. to make the payment of claim amount to the extent of outstanding loan amount in favour of the Master Policyholder on happening of any contingent event and the balance amount, if any, be paid to my/our nominee. I/We understand and agree that this authorization made is full, complete and binding in nature and will form the basis of the contract.

Signature / Thumb impression
of Main Applicant

OTP Verified:

Date: _____

Signature / Thumb impression
of Co-Applicant 1 / Guardian

OTP Verified:

Place: _____

Signature / Thumb impression
of Co-Applicant 2

OTP Verified:

Signature / Thumb impression
of Co-Applicant 3

OTP Verified:

(Regulated Entities - Means the entity being defined as RBI regulated Scheduled Bank (including Co-operative Banks and Small Finance Banks), NBFC's with Certificate of Registration, National Housing Board regulated Housing Financial Companies, National Minority Development Finance Corporation (NMDFC) and its states channelizing Agency, Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies, Microfinance companies registered under section 8 of the Companies Act, 2013, Any other category as approved by the Authority).

SECTION 41 OF INSURANCE ACT 1938 as amended from time to time:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable with a penalty which may extend to ten lakh rupees

Provision of Section 45 of the Insurance Act 1938 as amended from time to time shall be applicable.

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.
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