



Enrolment Form No: 4140014098
Member Enrolment Form for
Canara HSBC Life Insurance Group Secure
UIN: 136N024V07



LIFE INSURANCE

(Please use ✓ in boxes to indicate choice. Please fill the direct debit/NACH/SI mandate)

For Canara Bank

File/Loan A/c No: _____ Customer ID: _____ Loan Disbursement date: _____
 Branch Code/RAH Code: _____ Branch Name: _____ Staff: Yes No
 Bank MO Code: _____ Canara HSBC Life Insurance employee Code: _____ Canara HSBC Life Insurance employee Name _____

DETAILS OF MEMBER TO BE INSURED

Full Name _____
First Middle Last
 Date of birth: ____/____/____ Gender: Male Female Transgender Are you a: Resident of India NRI/PIO Foreign National
 (Please fill NRI/PIO/Foreign national questionnaire as relevant)
 Communicate on Address _____
 _____ City: _____ Pin Code: _____ Country: _____
 Contact No.: _____ E-mail: _____
 Current Country of residence _____

Do you need a physical copy of your certificate of Insurance (COI)? Yes No

Occupation: Salaried Self Employed Others if other, please specify _____

Employer's name & address: _____

Occupation Designation/Description: _____

Occupation: Armed Forces Merchant Marine Oil and Natural Gas Aviation Industry Chemical Industry Others

e-Insurance Account Number (eIA) _____

Name of the Insurance Repository to which eIA is linked CAMS CDSL KARVY NSDL

If you do not have an eIA account, would you like to create one? Yes No

If Yes, please name the preferred Insurance Repository CAMS CDSL KARVY NSDL

Are there any risks associated with your occupation? E.g: Working with boiler, explosives, chemicals etc. Yes No

Do you take part in hobbies that are risky in any way? E.g: Aviation, diving, mountaineering, etc Yes No

Nominee Details:

- Name Mr/Ms _____ who is related to insured member as _____ D.O.B. _____ Gender _____
- Name Mr/Ms _____ who is related to insured member as _____ D.O.B. _____ Gender _____
- Name Mr/Ms _____ who is related to insured member as _____ D.O.B. _____ Gender _____

In case nominee is a minor, please provide appointee details: Mr/Ms _____ who is related to Nominee as _____
 D.O.B. _____ Gender: _____

Do you want nominee/appointee's communicate on address same as mentioned above Yes No If No, then please provide the address in the relevant section on overleaf.

INSURANCE/LOAN DETAILS

Type of loan: Home Loan <input type="checkbox"/> LAP <input type="checkbox"/> Education Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> 4 Wheeler Loan <input type="checkbox"/> 2 Wheeler Loan <input type="checkbox"/>	Loan Term (including moratorium if any): Coverage Term <input type="checkbox"/> <input type="checkbox"/> Years	Moratorium Period (Not applicable for Personal Loan, LAP, 2 Wheeler and 4 Wheeler Loans):
Premium Payment Term: <input type="checkbox"/> Single Pay	Premium frequency (Not applicable for single pay option) <input type="checkbox"/> Annual <input type="checkbox"/> Monthly	
Benefit Option: Death cover <input type="checkbox"/> Death + TPD cover* <input type="checkbox"/> *(Death + TPD cover only available for Sum Assured up to ₹ 1 crore.)		
Sanctioned/ Outstanding loan amount (in ₹) _____	Sum Assured at inception (in ₹): _____ _____ (should be <=120% of loan amount)	
Joint Life: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please tell no. of joint borrowers _____	If Yes: Primary borrower <input type="checkbox"/> Co-borrower <input type="checkbox"/>	Joint Life Option: a) Joint basis <input type="checkbox"/> b) Loan share basis <input type="checkbox"/> Loan share (for loan share basis) % <input type="checkbox"/> <input type="checkbox"/>
Premium Payable (Year 1) inclusive of Goods and Services Tax & applicable cess(es)/levy, if any (in ₹): _____ Premium Payable (Year 2 onwards) inclusive of Good and Services Tax & applicable cess(es)/levy, if any (₹): _____ (Not applicable for Single Pay)		



HEALTH DETAILS OF MEMBER TO BE INSURED

Height: _____ cm Weight: _____ Kg

1. During the last five years, have you consulted a doctor or have been advised to undergo any medical investigation or treatment for any medical condition (other than minor cough, cold or flu), or had a surgery, or been hospitalized
2. Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid?
3. Has your proposal for life, health or accident insurance or application for reinstatement for any of these ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover?
4. Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? If answer to this question is YES then please tick the relevant box given below
5. Are you currently suffering from or have you previously suffered from any other physical deformity, critical illness, injury (other than minor fracture of the limbs) or have undergone major surgical operation not mentioned above?
6. FOR FEMALE APPLICANTS ONLY: Have you suffered from any gynecological problem or illness related to breasts, uterus or ovary?

MEMBERSHIP FORM ACKNOWLEDGEMENT (to be mandatorily filled in by staff)

This is to confirm receipt of Membership form from Mr/Ms _____ for the insurance cover under Canara HSBC Life Insurance Group Secure plan issued by Canara HSBC Life Insurance Company Limited, Reg. No 136 ("Company"). Acceptance of risk cover is subject to underwriting acceptance and merely submitting the Member Enrollment Form shall not construe as acceptance of the cover and issuance of the Policy. The Insurance Cover shall commence from the date mentioned in the Certificate of Insurance.

Name : _____ Date : _____
File/Loan Account No.: _____

Signature and Rubber Stamp of Branch Official

PAYMENT DETAILS (For Official Use Only)

Payment mode: Cheque Demand Draft Credit Card Online transfer Others (please specify) Amount:
Instrument No./Transaction ID: Date Bank Name:
Name as per Bank records: Bank Name: Branch:
A/C No. A/C Type IFSC Code:

Nominee Address (if different from Life assured's address)
Communication Address: City:
Pin code: Contact No.:
Appointee Address (if different from Life assured's address)
Communication Address:
City: Pin code: Contact No.:

Authorization for Claim payment (applicable only if Master Policyholder is one of the following entities): (i) RBI regulated Scheduled Commercial Banks (including Co-operative Banks); (ii) NBFCs having Certificate of Registration from RBI; (iii) National Housing Bank (NHB) regulated Housing Finance Companies, (iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies (v) Small Finance Banks regulated by RBI (iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies (v) Small Finance Banks regulated by RBI, (vi) Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies, (vii) Microfinance companies registered under section 8 of the Companies Act, 2013, (viii) Any other category as approved by the Authority
On the happening of any event/contingency covered under this policy, I hereby expressly authorize the Company to settle any insurance claim proceeds that is due to me under the policy directly in favour of the Master Policyholder to the extent of the amounts outstanding under my loan number _____ availed from the Master Policyholder.
Declaration & Authorization for Enrolment by Life to be Insured: I declare and warrant that information provided in this Member Enrolment Form is correct, complete and true. I understand that the information provided in this Health Questionnaire together with the application for insurance on my life and any other documents relative thereto, shall be the basis of the proposed Coverage. I am aware that the withholding of, or omission or failure to disclose, any medical or financial information will invalidate my Insurance Cover. I agree to inform the Company in writing of any change in my health and circumstances between the date of this Declaration and the issue of the Certificate of Insurance in respect of my Life Insurance Coverage. I irrevocably authorise and request any entity like a doctor/hospital/employer (past and present) who may be in possession of, or hereafter acquire, any information concerning my health including blood tests/HIV antibodies, to disclose such information to Canara HSBC Life Insurance and I agree that this authority and request shall remain in force. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS. The Company may also share the same or any other personal information related to me with hospitals/diagnostic centers, reinsurers, Life Insurance council/association, investigation/verification agencies or vendors as it deems necessary for issuing and administering the policy of insurance. In case I have an objection to usage of my personal information for the purposes mentioned above, I shall intimate the Company prior to its acceptance of my proposal and issuance of the policy, in which case the Company shall cancel the proposal, refund the proposal deposit and delete all sensitive personal information relating to me from its records/systems.



I/We hereby authorize Company to send me any information relating to my proposals/policies through SMS on the phone number/email address provided by me or through any other mode. I/We declare that the premiums paid/payable shall not be generated from the proceeds of any criminal activities/offenses and I/We shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws.

I also declare that I/we do not have any address in Japan/Indonesia; I/we am/are not Politically Exposed Persons*; My/our nature of work/business/activities does not involve any association with Money services businesses*/State run lotteries/casinos/gaming activity/gambling/horse jockey/jockey club/Not for profit organization/Trusts/charities or Organizations involved in promoting social, religious, humanitarian cause, real estate/jewelers/precious stones dealers or scrap dealers.

In case any of this applies, please provide details _____

*(PEPs are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity).

*Money service businesses are entities/proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks.

Anti-Tying Declaration:

I am aware that the purchase of insurance is totally optional, has no bearing on the loan decision and is at my sole discretion.

I hereby apply to be a Life Insured under the master policy issued to Canara Bank.

And I agree to

Pay the premium myself via Direct Debit (Please fill the direct debit mandate). I hereby authorize Canara Bank to debit my account by direct debit as per request from Canara HSBC Life Insurance Company Ltd. for collection of the insurance premium for enrolment as member or premium for renewal in the subscribed plan.

Add the above premium to the loan amount

I have read and understood terms and conditions of the product as detailed in the product brochure and the same has been explained by the representative of Canara Bank.

Signature/Thumb impression: _____ (x) _____

Name of Member to be insured: _____

Date: _____

Place: _____

I hereby declare that I have explained the product and terms and conditions of this product 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. In case of direct debit, I have taken the consent of the proposed insured member in direct debit mandate/authorization form.

Signature and Stamp of Bank Official: _____

Name & employee code of Bank official: _____

As per Section 41 of the Insurance Act, 1938 (as amended from time to time)

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.

Section 45 of Insurance Act, 1938 (as amended from time to time)

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. the active concealment of a fact by the insured having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specifically declares to be fraudulent.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation -A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation- For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this sections shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Assured was incorrectly stated in the proposal.