BAJAJ LIFE

LIFE GOALS. DONE.

Application for Online Pin (O-Pin)

This is a system generated form and does not mean acknowledgement/receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.

Please remember to collect Acknowledgment letter on submission of this form.

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the Policy Holder himself/herself in BLOCK LETTERS in blue ink.
2. Please tick a box thus ☑ where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

DOCUMENTS REQUIRED:-

1. KYC Documents of Policy Holder/Insured.

OPIN / MOBILE / E-mail Registration Mandate

I would like to avail following value added services provided by Bajaj Life Insurance Limited

☐ Kindly provide me O-Pin for carrying out the Online Transactions

☐ Kindly register my Mobile number given below

☐ Kindly register my E-mail ID given below

Email _____ Contact No.(Mobile) | | | | | | | | | | |

Policy Number | | | | | | | | | | | Date D D M M Y Y Y Y

Life Assured's Name

Policy Holder's Name

Contact No.(Mobile) | | | | | | | | | | | Email _____

PAN Number | | | | | | | | | | |

In compliance of the provisions relating to deduction of tax at source under section 194 DA of Income Tax Act, 1961 as introduced by Finance Act, 2014, any payment (except payment exempted u/s 194DA) made by Bajaj Life Insurance Limited shall be subject to deduction of applicable TDS. In absence of PAN details, TDS would be deducted @ 20% instead of 1% in case where PAN is provided. TDS once deducted shall not be refunded

Please update your PAN immediately. Kindly ignore if PAN details already provided. For further details, please consult your Income Tax advisor/consultant.

☐ I have changed my Contact Number, the new contact number is mentioned above . I am also attaching a self attested contact number proof copy for the same .

☐ I am aware that the O-Pin will be dispatched to my correspondence address registered with your company.

☐ I have changed my corresponce address which is mentioned below . I am also attaching a self attested address copy for the same .

ADDRESS

Door No | | | | | Building Name | | | | | | | | | Contact No.(Mobile) | | | | | | | | | | |

Plot No./ Street Name | | | | | | | | | | | | | | | |

Landmark/Area | | | | | | | | | | | | | | | | Contact No.(Tel) | | | | | | | | | | |

Place | | | | | | | | | | | | | | | |

City/District | | | | | | | | | | | | | | | | Email _____

State | | | | | | | | Pin Code | | | | | | |

Place _____

Date _____

Signature of Policy Holder