Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Receipt of Loan Form

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.

Instructions For Filling Up The Form

1. Please answer all questions. 2. Please tick the box ☐ where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Stroke of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. The proposer must sign on each page. 9. KYC documents of Policy Holder and witness will be required.

Policy Related Details

a) Policy Number: _____ Date: _____

b) Life Assured's Name: _____

c) Policy Holder's Name: _____

d) Mobile_____ e) Alternate No: _____ f) Email: _____

g) PAN No:_____ h) Aadhaar No.: _____

I / We (Mr. /Mrs. /Ms.) _____ (Name of the Policy Holder) do hereby acknowledge the receipt of an amount of ₹ _____ (in figures) _____ (in words) paid to me by Bajaj Life Insurance Limited as an advance (loan) against the policy number _____

Details of Payment: _____

Thumb impression /Signature
of the Policy Holder

Declaration

Declaration by Policy Holder,

I hereby declare that the content and purpose of this form have been fully explained to me by_____ _____ (Name of person filling the form 12) in the language understood by me and I declare that whatever has been stated herein above has been recorded by_____ (Name of person filling the form 12) as per the information provided by me.

Thumb impression /Signature
of the Policy Holder

LIFE GOALS. DONE.

Regional/Local Language Declaration

Declaration in case:

i) This application form is filled by a person other than the Policy Holder or Assignor or Assignee, Or/And

ii) Policy Holder or Assignor or Assignee has either put thumb impression Or signed in regional/local language.

Declaration by person filling/scribing the form

I have explained the contents of this form to the Policy Holder in_____language and I have correctly recorded the answers provided to me. I, further, declare that the Policy Holder has signed/affixed his/her thumb impression in my presence.

Name of Declarant: _____

Address:_____

Contact No.:_____Place:_____Date :_____

Signature of Declarant

(Declarant should sign in English Language only)

Checked by (For Office use only)

Name of Ops Head: _____

Branch Name: _____ Emp. Code: _____ Branch Code: _____

Signature of Ops Head

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.

Assuring you of our best services for all your life goal needs.